

Accessibility and Disability in the Built Environment

: negotiating the public realm in Thailand

Thesis by

Antika Sawadsri

In partial fulfilment of the requirements

for the degree of

Doctor of Philosophy

NEWCASTLE UNIVERSITY LIBRARY

209 10486 5

Thesis L9719

Faculty of Humanities and Social Sciences
School of Architecture, Planning and Landscape

Newcastle University

2010

Abstract

This study aims to explore accessibility for disabled people through the concept of social construction of disability. Impaired bodies are mainly disabled by disabling social and physical impediments. The built environment reflects how society understands disability and accessibility. How can disabled people individually and collectively resist, transcend, and change those disabling barriers? This research is qualitative in approach and based on mixed methods. The discussions are divided into two main themes: 1) meaning, and its product of understanding disability, and 2) the process of negotiating inaccessibility. Firstly, understanding of 'pi-garn' or disability is examined through culture representations such as language, literature, and media. Information from secondary data is used together with primary data in the form of in-depth interviews complimented by a postal survey. Through a focus on public facilities the thesis investigates how understandings of disability produce the built environments and what are spatial constraints and needs of disabled people. Secondly, the research investigates processes through which disabled people individually and collectively overcome access barriers. A process of disabled people as a collective in overturning existing socio-political structure to press for their access requirements through a case of footpath renovation project is explored in depth as is a lived experience of a disabled individual in Bangkok.

The analyses indicate that disabled people resist an idea of disability linked with individual tragedy and illness by changing language use and reproducing the self through daily life. Performing daily activities in public places can be a way to demonstrate to society as a whole that the common notion of disability equalling dependency is mistaken. By actively participating in the movement, disabled people are overturning this dominant ideology. Fusing access issues with mainstream agendas such as quality of life and contributing to the prestige of an icon in Thai society provides opportunities for disabled people as a collective voice to achieve their access requirements.

In sum, by individually and collectively acting as agents for change in challenging popular perceptions, disabled people are drawing attention to the social construction of their disability. It is disabling physical environments that must be excluded not their impaired bodies. This research proposes ways in which the environmental experiences of impaired bodies as well as the role of disabled people as partners in creating accessible facilities can be included in consideration of access policies and their implementation in Thailand.

Dedication

To all people whose lives have struggled with disabling built environments.

As I have never had experience of being disabled, a long journey of research about access of disabled people would not be success without a strong inspiration. Topong the former disability leader motivates greatly on this research. His encouraging message was written one month before he passed away.

Accessibility in the built environment is a great deal, like building up a city [...] we can't only rely on legal force from the centre, though enforcing the law is vital. [...] When more environments accommodate disabled people, more disabled people will appear to public eyes and attitudes will be improved. Society will understand disabled people as members of society. [...] This is not just an idealistic concept, but the reality that we can change together little by little.

[E-mail, 27th May 2007]

Acknowledgement

I am heartily thankful to my supervision team: Rose Gilroy and Peter Kellett, whose encouragement, guidance and support from the initial to the final stage enabled me to develop an understanding of the project. This work is also greatly indebted to those for whom disability is central to the navigation of their lives. Many thanks go in particular to Tum, Topong, Sawang, Eard, Monthian, Saowaluk, Prapas, Jieb and all participants whose names are not listed here but appear elsewhere in this thesis, and who have agreed to be interviewed, to share their personal experiences and to be part of all stages of the study.

Thanks to many people past and present for supporting and encouraging me throughout the PhD journey. To Patsy Healey, Frank Moulaert and Michael Majale for their constructive comments and guidance during the early stages of my research. Thanks to Brenda and Tamer for always being nice friends to share most aspects of life with and who have never given up their support, particularly at critical times. Thanks to the network of friends and colleagues who have supported me in the SAPL especially Ali, Ameera, Andy, Carolyn, Chandrima, Hema, Islam, Jaime, Xuefang, Mona, Musyimi, Omid, Reham and Ying. To all EquaTerritoria members: Barbara, Chiara, Daniela, Elena, Giancarlo, Giota, Jerome, Liz, Pieter, and Rosanna for their exchange of knowledge and inspiration throughout the last five years. Many thanks to Liz who did such a great work for second proof-reading to make this thesis a lot better written English language. Lastly, I want to pass acknowledgement for all of the benefits arising from this study to Norn, my husband and a PhD student himself. I thank him for always being by my side. Similarly I wish to acknowledge my family back home who have never given up their support in any respect during the course of writing this thesis. *This achievement clearly would not have been possible without you all.*

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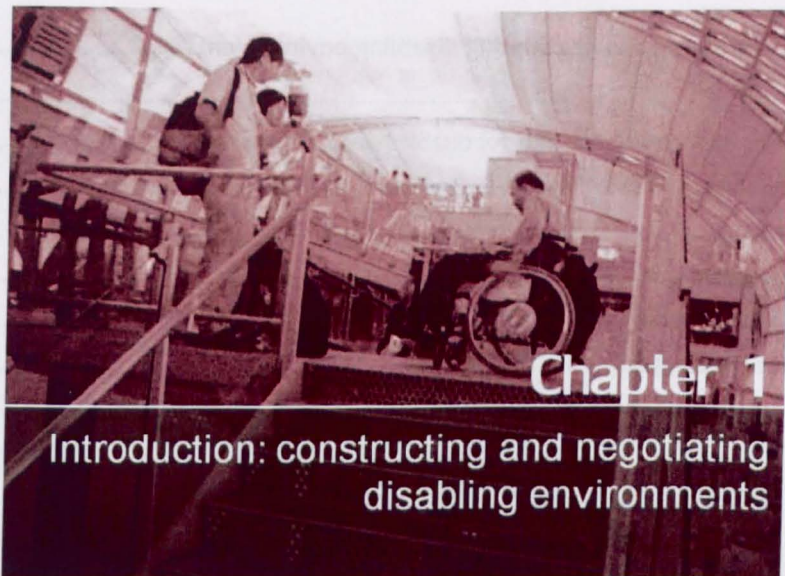
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Chapter 1

Introduction: constructing and negotiating disabling environments

"I only can't walk I still have my brain, and I can work. But those footpaths are full of obstacles, taxi drivers don't want to serve us, workplace has no ramp. Going out and about needed a lot of planning and money. Even just thinking about it, I'm already exhausted."

Sawang, wheelchair user, male (31), 25th August 2007

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1 | Constructing and negotiating disabling environments

Introduction

It was a learning experience from my previous research (Sawadsri, 2007) that inspired this study. That work considered the Western-developed design concept of 'Universal Design' guidelines, and asked how relevant this is to other countries with distinctly different cultures. It considered the importance of socio-cultural differences in adopting the accessible design concept from the Western to the Thai context. Focusing on domestic space, the research found that social and cultural norms, especially the kinds of extended-family living arrangements which are more common in Thailand than in the West, significantly affect the extent of home modifications to improve accessibility.

However, accessibility for disabled people does not merely refer to domestic spaces. In many cases, disabled people, especially those with mobility impairments, find themselves trapped within their homes. Frequently, this is because the spaces external to their houses do not cater for their mobility requirements. The causes of their struggles range from cracked pavements, obstacle-ridden thoroughfares, the absence of ramps for wheelchair users, to inaccessible transport. These barriers exclude people with impairments from mainstream social life. Furthermore, these physical barriers in public places effectively reinforce the social view that disabled people are a minority and a burden on their families. To a certain extent, this attitude binds disabled people in *'their place'* and circumscribes their opportunities of fighting for accessible public spaces. As Eard highlighted:

“People always claim a negative attitude as the biggest barrier. How could it be changed if they’ve [the public] never seen us? Wanting to go out for a protest, they get stuck as soon as they reach a kerb in front of their homes. If they ask people for help, they get stared at: they’ll be better staying home.”

[Disability activist and wheelchair user, female (28)]

The availability of accessible facilities in the public built environment is extremely important. This has a double benefit: it facilitates physical access to use those public spaces, and also supports a public presence that leads society to a greater understanding of ‘disability’, ‘disabled people’ and their ‘needs’. This is an area that requires further progress, particularly in the acknowledgment that a disabled individual is an equal member of society. This study, therefore, focuses on the interrelationship between the public built environment, understanding disability and accessibility, the spatial experiences of disabled people in the public realm, and ways that disabled people seek to negotiate and change their spatial barriers.

1.1 The problem statement: accessibility for disabled people in Thailand

The Thai Government ratified the Convention on the Rights of Persons with Disabilities: CRPD in July 2008 (OHCHR, 2008). This can be taken as implying an acceptance that basic rights such as access to the public built environment by disabled people are still impeded by inaccessible facilities in many places. In the last four decades, successive versions of the National Economic and Social Development Plan (Office of NESDP, 2007) have transformed the mode of economic production from self-sufficient agriculture to industrialised agricultural production for export, and recently, to the tourism and the services industries. This change has created social exclusion. Previously, impaired people were significant members of the family and part of a production system based at home or in the fields. By contrast, the disabled population in contemporary Thai society has been segregated into institutions such as rehabilitation centres, special schools, or otherwise, their own homes.

Thailand has had a Disability Act since 1991 and access laws since 1999. Kulachon and Dankitikul (2005) reveal that inadequate implementation of these laws has led to a failure until recently to enable disabled people to use public spaces as equals. In addition, they suggest we should consider socio-cultural and political factors rather than simply regulation and technical management. The UK Disability Discrimination Act (DDA) 1995 has its linkage with the earlier Disabled Persons (Employment) Act 1944; the United States' civil rights legislation in 1968 was the inspiration for the establishment of the Americans with Disabilities Act (ADA) 1990 (Woodhams and Corby, 2003:160). The content of the access laws (Thailand Government Gazette, 2005; 2001; 1999) tends to follow that approach.¹ One of the access laws which has the greatest influence, resulting in similar and '*nearly verbatim legislation*' in more than 40 countries, is the ADA (Stein, 2007:90). In other words, the disability policy and law of Thailand has little connection with its own historical disability development, tending to be based on regulatory influences from other countries rather than local knowledge and practices (Cheausuwantavee, 2005). A question arising here is whether or not this focus on the implementation of the law is the only way to explore the access struggles of disabled people.

A significant starting point for the creation of accessible facilities can be tied to a specific date: Thailand's economic crisis in 1997. The consequent drive to draw in greater transnational investment saw the government encouraging urban and rural development to improve services for visitors. Gradually, particularly in Bangkok, the urban environment has been adapted in response to international expectations.² Furthermore, the granting of an international monetary loan was made dependent on

¹ The majority of accessible facilities and design guidance are in accordance with Western countries' standards, such as those of the United States, the UK and Japan. The design guidelines in the Ministerial Regulation: Access to Building for People with Disabilities and the Elderly 1999 is adopted from the US Disabilities Acts of 1990 (ADA). In addition, the footpath design recommendations state that the design standards mainly follow the UN Promotion of Non-handicapping Physical Environments for Disabled Persons: Guidelines (BMA, 1998).

² This claim can be seen in part of the manifesto of the Bangkok Metropolitan Administration (BMA). They aim to develop the city to serve tourism and investment. The BMA's website states in English that, 'Over time, Bangkok has become not only the gateway to Thailand, but also a regional centre for tourists and business visitors.' 'The new city plan, in use from 2006 to 2011, is a roadmap to turn the capital of Thailand into a more liveable city.' 'The BMA is using the "Healthy City" development framework, set by the World Health Organization (WHO), as a guideline for upgrading Bangkok into one of the world's most liveable cities.'

Source: available online at: <http://www.bangkok.go.th/en/main-bangkok-today.php>

accompanying human rights conditions. Consequently, there has been an initiative to greatly improve ‘accessible facilities’ in public places. But those features are usually provided primarily in places which are important to the tourism economy: examples include ramps in front of high street shopping malls, warning blocks for blind people around the business district, the audio system in the lifts of five-star hotels, and so on. However, Thai disabled people who face economic disadvantage would not be able to afford to visit these places with their ‘accessible’ modifications.

Current socio-economic developments driven by both internal and external forces can be seen as the key motivation for the creation of accessible facilities. However, disabled people still struggle with socio-spatial barriers in most of the public built environment in their day-to-day living. Therefore, it is important to study specific access problems within the wider local socio-cultural, socio-economic, and socio-political dimensions.

1.1.1 Disability and disabling built environments as social constructs

The important point is that disability and the experience of embodiment are, at least to some degree, socio-spatially constructed. (Freund, 2001:701).

In Thailand, public policy which affects the lives of disabled people is derived from a statistical base. That is, the distribution of resources is proportionate to the size of the disabled population. Furthermore, disability has been perceived as a medical and individual problem. This is evident in a survey of the disabled population that defines disabled persons as ‘Kon Pi-garn’ which is a category decided by medical professionals³. In addition, disabled people have been seen as a minority group within the population. For instance, a survey in 2007 by the National Statistical Office revealed that 2.9 percent of the 65 million Thai population have a disability (NSO, 2007). This way of viewing disability as an individual problem facing members of a minority group is problematic. This can be seen in the influence this approach to disability policy has on transport provision. For example, in 2008, the Bangkok Metropolitan Administration (BMA) established five percent of its 4,000 buses with low-floor entry. This new bus service was introduced to run via the main hospitals.

³‘Kon Pi-garn’ or disabled person is defined in the Rehabilitation Act 1991 as ‘an individual who is physically or mentally abnormal or impaired’. There are five categories: 1) Visual disability 2) Hearing or communication disability 3) Mobility disability 4) Mental disability and 5) Intellectual or learning disability. These categories are diagnosed and certified by medical professionals.

As well as external pressure to create accessible facilities, there has been the internal one to similar effect from local disabled people. During the recent modernisation, there has been a clash of understanding about disability between traditional religious interpretations (where disability is seen as resulting from a punishment for individual wrongdoing in the past) and the new ideas introduced by disabled people and their organisations. In the last decade, disability organisations have absorbed this new way of explaining disability: that it is a social construct. Disability problems are a consequence of society's negative attitudes as well as the failure of the state to provide goods and services for disabled people. By contrast, the religious interpretation of disability problems tends to produce solutions based on rehabilitation for an individual with impairment. Hence, this conflict of approaches has led to several different disability and access movements organised by and for disabled people in recent years.

Studies of the built environment for disabled people have looked at regulatory access laws (Kabinlikkawanit, 1998) and technical issues (Kutintara et al., 2010; Kulachon and Dankittikul, 2005). There has not been a study investigating the physical barriers beyond technical and legislation aspects, based on the social constructionist approach. For instance, in Western literature, the social model which views disability as a social construct has been increasingly evident in research into the built environment. Although development of this concept has not taken place in Thailand, research into the built environment drawing on a social model of disability can be envisaged, taking into account wider attributes such as culture, politics, and economic factors. As Imrie and Edwards (2007:623) note, the pivotal rejection of medical and rehabilitative concepts sheds light on a new way of understanding disability that *'was conditioned by structural, not personal, factors'*. In this sense, the built environment is a product of socio-cultural processes and inaccessible buildings and facilities which perpetually disable impaired people.

1.1.2 Disabled people's spatial experience and the role of change

Lim (2004:104) notes that in Thailand, as in other Asian countries, most architectural approaches have operated within a Western modernist agenda. In Western countries, the design and construction of most public places is based on the *'ableist'* concept

(Imrie, 1996a). For Chouinard (1997:380), a society which is underpinned by the ableist ideology tends to place value on people who have 'able-bodiedness': a greater ability to access physical spaces and integrate with society. Research into the built environment often explores the difficulties encountered by access policy and design techniques. In that type of research, the role of policy, policy makers, authorities, academics, architects, designers and builders has usually been central, while the spatial experiences and the needs of disabled people are marginalised. In many cases, the role of disabled people in the research process is only as another source of information.

The Westernisation of Bangkok's urban development was underpinned by the 'ableist' outlook and this led to the construction of spatial exclusion. This took place in the early 1960s as part of the national development plan. Similarly, research into accessibility based on ableist ideology tended to interpret accessibility as a consequence of an individual's functional limitation. According to Imrie (1996a:398), built environmental studies based on ableist notions tend to be *'devoid of structural socio-political content or of little understanding of how societal values, attitudes and structures may be conditioning the experiences of people with disabilities'*. Hence, it is essential to look at the experience of disabled people in the built environment. Taking such first-hand knowledge of spatial experience into physical environmental research can be a significant way to lessen the predominant ableist attitude towards disability.

In line with the argument of Shakespeare and Watson (2002), people with impairments are diverse and their requirements are distinctive. Thus, focusing on the spatial experiences and requirements of impaired bodies can extend understanding of disability beyond the twofold medical-social concept (Imrie and Edwards, 2007:624). Following a social model perspective, study of the spatial struggles of disabled people requires recognition of a relationship between the disabling structural and the real life experiences of disabled people.

In addition, it is important to note that some disabled individuals and some of their collective groups do not necessarily passively accept disabling processes and products. As Imrie (1999b:465) contends, *'disabled people are not passive agents nor are their lives solely determined by wider structural relationships beyond their abilities to influence'*. This

study echoes the resistance approach that perceives the everyday spatial practice of disabled people as a means to change disabling factors.

1.2 Research questions and objectives

In Thailand, studies about accessibility have left unanswered questions about the way disabled people experience the public built environment. What are the results of inaccessible facilities affect their lives? What are the meanings that people with impairment assign when confronting socio-spatial barriers? The research focuses mainly on people with mobility impairment and also includes spatial experiences from people with visual and hearing impairments. It draws on a holistic approach to disability which regards both the built environment and the experience of impaired bodies as being at the core of explanations of disabled people’s struggles. The conceptual framework for research on accessibility in the built environment in Thailand is defined as follows: a) the (in)accessible built environment is a social process and product which reflects the way society perceives and responds to the way the society understand about disability; b) in Thai context, the research in the built environment discipline has inadequate personal testimony of spatial experience by impaired people; and c) it is vital that the analysis of disabled people sees them as active agents of change in built environment disciplines.

This study will explore two key issues: disability and accessibility as a social construct and experience of disabled people in negotiating the disabling spaces that both play an important role in investigating socio-spatial barriers of disabled people I have outlined (in 1.1.1 and 1.1.2). Therefore, by focusing in the Thai context, the questions regarding the creation of social and physical impediments and the way disabled people negotiate their socio-spatial barriers are: **How does the understanding and meaning of ‘pi-garn’ (or disability) influence the creation of disabling built environments? And how do disabled people experience and negotiate their socio-spatial barriers?** These two main questions are explored through the sub-questions and objectives set out in the following table.

Table 1.1 Research issues and objectives

Sub-questions		Objectives
1) What is the understanding of disability in Thailand?		
Issues	Understanding and meaning of disability	To explore socio-cultural and socio-political elements in the understanding of disability that influence the built environment and therefore accessibility for Thai disabled people
	Disabling built environment	
2) What are disabled people's constraints and needs in the public built environment?		
Issue	Socio-spatial experience	To explore the spatial experiences and impact of disabling environment on disabled people's daily life
3) How do disabled people negotiate and overcome disabling barriers in the built environment?		
Issue	The process of (individual and collective) resistance and change in the inaccessible built environment	To investigate the socio-cultural and political elements which facilitate and hinder the achievement of an accessible built environment in Thai context

1.3 Methodological approach

This research is mainly based on qualitative methods. Its approach has evolved through study of the relevant literature, in particular within disability studies, including the work of Oliver, Butler and Shakespeare, and scholars undertaking geographic research on access issues for disabled people such as Gleeson, Imrie, and Kitchin. The empirical element of the research has entailed in-depth interviews, observation, postal and online surveys. This approach to research about access for disabled people and the ways impaired bodies negotiate with hostile environments is seen as a method that is resistant against the dominant stereotype of disabled persons as passive and burdensome. In turn, the barriers at all levels (macro and micro) of the built environment should be understood as problems resulting from disabling social processes, rather than arising from the faults of individuals with limited bodily function.

For research previously undertaken, I had been trained in positivist research methodology for empirical research projects. The strength of this approach is that it

provides statistical probabilistic generalisations and correlation analysis of distinctive variables situated in one phenomenon. However, it has the limitation that it is based on analysis of evidence which has to be measurable. In addition, it is a kind of static explanation of something that is contingent and changeable, which is particularly true of disability. In order to answer the research questions, therefore, the analytical framework of the present study is based on four main approaches. These are the social constructionist perspective; an exploration of the lived experience of disabled people; a study of the ways disabled people achieve accessible facilities through the resistance approach; and the role of the researcher as a facilitator in engaging with the participants in a participatory approach. From the social constructionist perspective, the study looks at how the meaning and understanding of disability affects the creation of (disabling) built environments. Using the lived experience approach, I followed the disabled participants carrying out their daily activities to investigate how an individual experiences the public realm. With the participatory approach, the researcher and the researched have the opportunity to engage together and exchange knowledge through participation in the social campaign which aims to remove disabling barriers in the built environment.

Stone and Priestley (1996) contend that much disability research, including some in developing countries, continues to perceive disability as tragedy. Disabled people are still oppressed by research that takes place in the context of a society led predominantly by able-bodied values. It is important to adopt various strategies during the research process. As Gleeson (1999b) notes, research which prioritises the views and requirements of disabled people must engage with the political arena and with disabled people's various movements. Likewise, as Kitchin (2001:66) proposes, researchers and participants should work together to formulate the research project at all stages. It is also important to note that I have no personal experience of disability. In this sense, the role of researcher is to become a facilitator acting in a supportive position. As Kitchin (ibid.:63) suggests, the facilitator should seek to *'inform and impart knowledge and skills to the research subjects who co-direct the project'*.

Further, the study aims to provide a platform for both researchers and participants to exchange their experiences about disability and built environment issues. An 'observer

as participant' (Barnes, 1992b), sharing the activities of disabled people and/or their groups, brings closer involvement with research participants. In this way disabled people are able to articulate their opinions, concerns, and requirements throughout the research process. As Barnes (2003b:3) observes, researchers should play a facilitator's role to produce meaningful knowledge about the various social elements that create deprivation in the lives of disabled people.

Finally, this research has been influenced by post-modernist disability and geographical research which places greater emphasis not only on the environment as a key element of disablism ideology, but also on the way disabled people act as agents of resistance and change towards those disabling barriers. Adding to this account, the study investigates access movements of disabled people through the role of the various agents (non-disabled and disabled actors, media e.g. internet communication, and so on) which provide opportunities to remove physical barriers.

1.4 A note on terminology

Throughout this study I refer to 'disabled people', and 'people with impairment' rather than 'people with disabilities'. The latter form has been widely used among disability activists when '*Kon Pi-garn*' is translated into English as well as by official international organisations (e.g. the United Nations). I do support proper recognition of the language used by participants in putting 'people' at the front of the phrase emphasises the human rights of disabled people. However, the key intention of this study is to present the condition of disability as a result of disabling social and physical environments. Furthermore, I seek to emphasise the impact of these physical barriers beyond the bodily level of people with different spatial abilities. Thus, I agree with Gleeson (1999c:9) who refers to 'disabled people' for the purpose of '*foregrounding the oppression – in other words, the socially imposed disability that bears down upon impaired people*'. Likewise, I refer to 'people with impairment' rather than 'people with disabilities'. This issue will be revisited in Chapter 3.2.

1.5 Thesis structure

This thesis is organised into three parts and nine chapters, which are structured as shown in Figure 1.1.

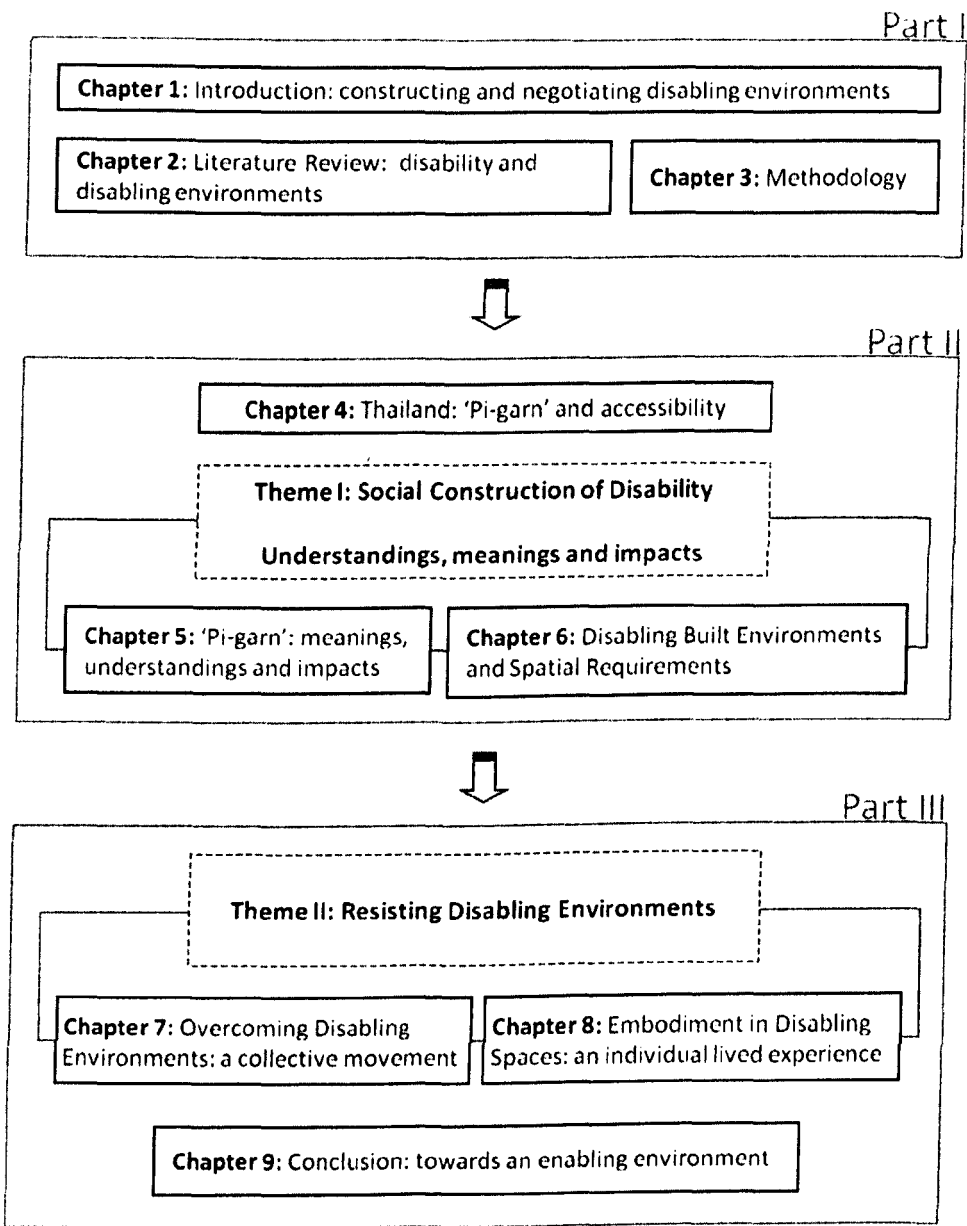


Figure 1.1 Structure of the thesis

Part I consists of Chapters 1, 2 and 3. It outlines the background problems leading to this study, reviewing key concepts for, respectively, disability issues, access issues and the study's methodological approach. An interdisciplinary literature review (Chapter 2), based on disability studies and built environment research, helps to develop a critical discussion on research about disabling built environments, disabled people's spatial experiences and their organisations. Bringing the perspective of the social model of disability into the discipline of the built environment helps to show how the material environment plays a significant role in the process of creating disabling environments. 'Ableist' ideology is a key element. In many cases, the experiences and requirements of disabled people have been neglected or are absent. Through the review of relevant disability studies literature, I argue that the prerequisite elements in the social model requires the resistance approach that bridges the gap between the idea that disability problems embedded in social structure and the personal experience and meaning of impairment.

Chapter 3 deals with methodology. Research approach derived from the holistic perspective of disability, which is based on the extended social constructionist perspective. It regards wider socio-cultural structures, the disabling built environment and personal experience of impairments as the key elements in exploring built environment for disabled people. In addition, in line with the concept of resistance (against the disabling environment), the research has employed the embodiment concept in a lived experience approach. Using this approach, a participatory method—where the researcher accompanies the research participants, taking *field notes*, voice recordings and photos—enabled me to prioritise the first-hand spatial experience of research participants and reduce ableist-based interpretation. Additional to this, I conducted a postal and online survey exploring understandings about disability. All of these methods and tool were combined to generate answers to the research questions: How does the understanding and meaning of 'pi-garn' (or disability) influence the creation of disabling built environments? And how do disabled people experience and negotiate their socio-spatial barriers?

Part II provides the context of research. Chapter 4 is specifically about disability and accessibility in modern-day Thailand. This chapter established a critical context for the

subsequent reading and deployment of analysis chapters (Chapter 5, 6 7, and 8) The chapter contextualises the structural elements which affect the way society perceives and treats disabled members through religion interpretation, political change and economic development, including the current situation of those members of the population with impairment. I argue that while there has been a great development of disability and access law in Thailand, socio-cultural elements which influence and shape the understanding of 'pi-garn' or disability still largely associated with religious interpretation that disability connected with wrong doing in the past. It can be a risk ignoring specific socio-cultural elements in the process of creation built environment for disabled people.

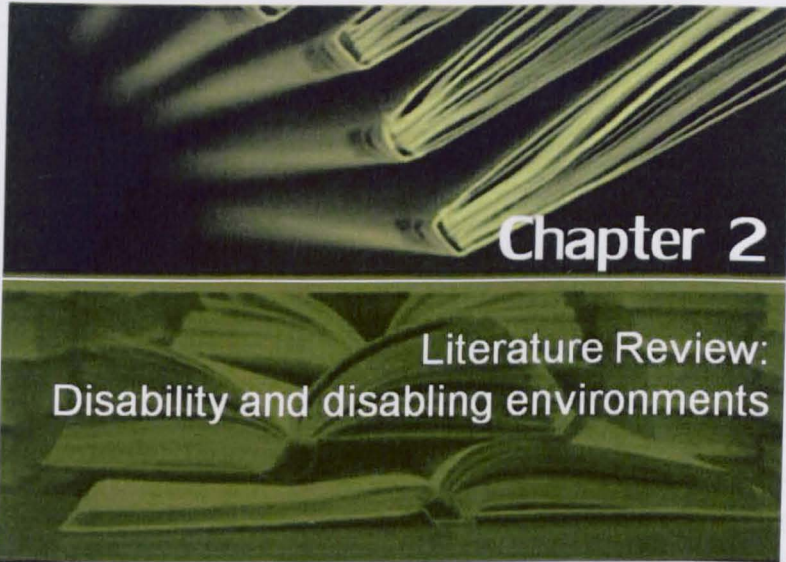
The discussions of Chapters 5 and 6 are based on the first theme: impact of socio-cultural elements impact on understanding of disability and their effects on the ways society treats disabled people and creates an (in)accessible built environment. Chapter 5 explores the understanding of disability through cultural representations. The analysis of perceptions of disability is explored through representations of disability drawing on the work of Wajanasara (2005), Siebers (2003), Shakespeare (1994) and Morris (1992). By looking at cultural elements such as language use about disability, literature and film, we see how society perceives disability and the factors that constitute negative attitudes about disabled people. I argue that the extent of religious belief and daily experience of cultural representation are crucial. Those elements effectively act as sources of impressions about disablement and ableist built environments.

Chapter 6 explores the wider socio-cultural, socio-economic, and socio-political elements which affect processes of construction of public places and facilities. The discussions are based on the analysis of specific structures and agency with regard to access for disabled people that were carried out by Imrie and Kumar (1998). This chapter is divided into three sections. The first section analyses societal understandings about accessibility. The second discusses factors inhibiting the creation of accessible facilities. In the third, access constraints and the spatial needs of disabled people are discussed in terms of their own expressed views.

Part III analyses the way disabled people resist, and come together to overcome, disabling barriers (Chapters 7 and 8), and ends with the study's conclusion (Chapter 9). Chapters 7 and 8 generate explanations about the research's second theme by focusing on the ways disabled people negotiate and change their socio-spatial oppressions.

The discussion in Chapter 7 explores the processes that further the achievement of accessible facilities by focusing on the collective movements of disabled people. The researcher was involved with a footpath renovation project as a design facilitator. The discussion provides an explanation of the key elements that non-disabled and disabled people seek to achieve their goals. Chapter 8 looks at how spatial experiences are characterised by the socio-cultural oppression of disabled people. By concentrating on spaces for disabled people at micro level (interrelationship between a body and specific spaces and facilities), it is argued that a disabled person is not necessarily a passive, oppressed person. The analytical frame draws on the works of Edwards and Imrie (2003) and Butler and Bowlby (1997) in order to support the idea of the (impaired) body as a '*bearer of value*' or a person who carries a message about how society perceives disability; as well as the way the disabled-self conveys self knowledge to the public. In addition, the analysis within this chapter links to the ways that disabled people act as agents of change in the wider socio-spatial context.

Finally, Chapter 9 concludes with thoughts and reflections on the learning experience that has taken place throughout the investigation. This chapter proposes three modest contributions made by the study in terms of, respectively, theoretical, methodological, and policy implications. The final part of this chapter points the way forward to the relevant issues which should be the focus of future research.



'Urban places are not neutral in their impacts on people's lives. Some environments are oppressive and in certain cases this oppression is contested as people struggle to improve their day-to-day lives.'

Glenda Laws (1994:7)

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2 | Disability and disabling environments

Introduction

This chapter outlines understanding of two main issues: disability and accessibility in the built environment. It aims to demonstrate how each body of literature and each concept is relevant to the focus of this study as well as indicating areas of overlap. The disability issue is explored through a social constructionist approach. Disability is produced and reproduced through the socio-cultural, political and economical processes that surround it. The built environment is a key result of this process. Exploration of physical barriers through the social constructionist approach leads us to see disabled people's struggles beyond the material and technical dimension. The chapter is divided into four sections which are: the construction of disability, the production of disabling built environments, the resistance theory of disability and a final section, the conclusion which conceptual definitions are operationalised.

The first section discusses understanding of disability in three approaches: the individual model, the social model and disability within a holistic approach. The latter idea extends the social model by including individuals' experiences of disability. Impairment and disability are not only personal but also political. The holistic approach emphasises the role of socio-cultural elements in shaping perception of disability, impairment as individual experience that disabled people play a role in assigning the meaning of impairment and disability as well as the disabled individuals and groups have agent for change their social and physical barriers. The core focus is on meanings and experiences rather than that of the role of state authorities or policy. This idea connects with that of the inclusive built environment which argues the

modernist architectural concept that the built environment should serve the diversity of individuals' requirements. An inaccessible built environment creates an oppressive reality for impaired bodies. The strategies to resist, overcome, and change those social and physical barriers can be seen through actions against oppressive elements in resistance theory. In this regard, it is important to politicise the access issue. The key elements are both macro and micro socio-political levels: disabled people collectively take part in access movements and the individual daily practices of the ways space is used in their society.

Conceptual framework

This research is based on two main approaches: disability studies and the disabling built environment concept. Figure 2.1 describes conceptual definitions in accordance with the research questions.

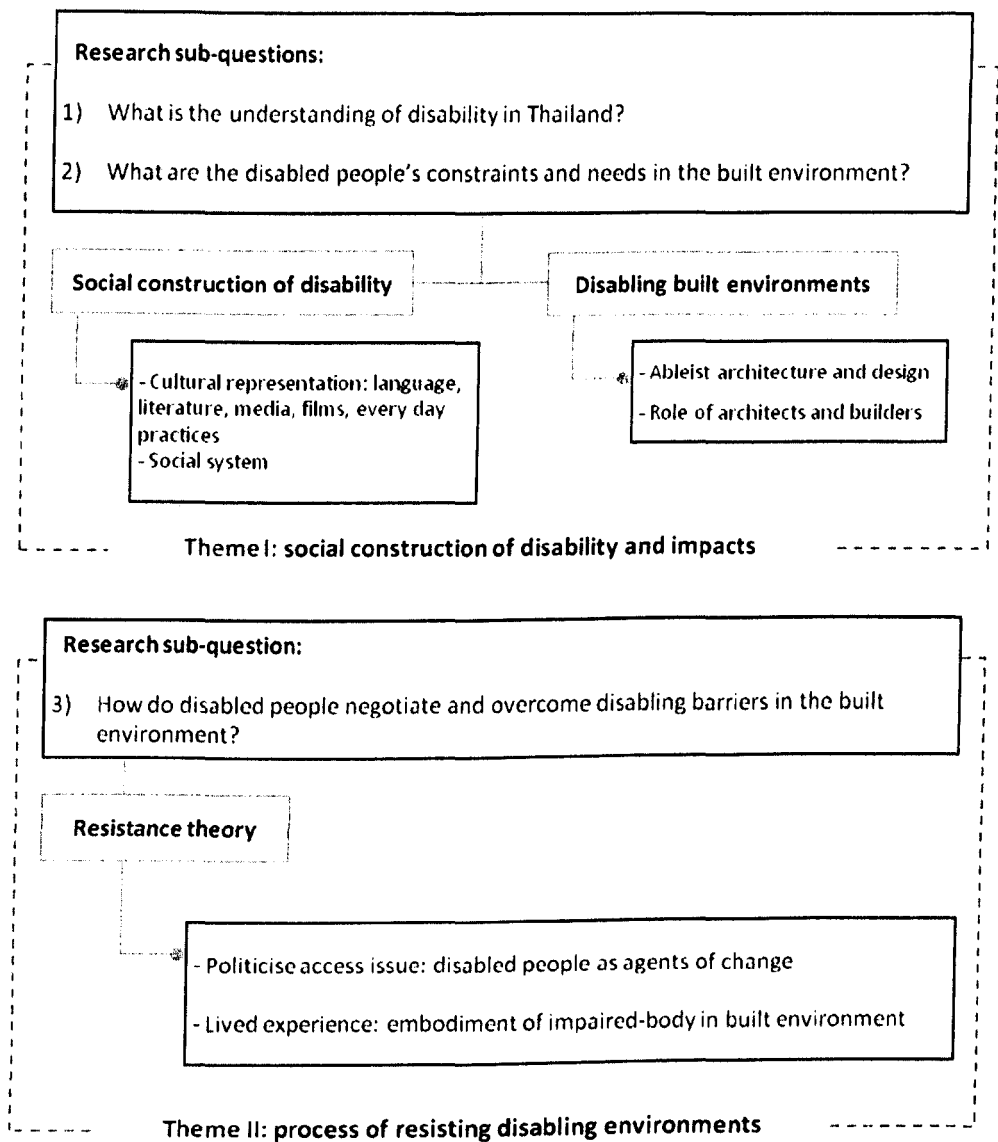


Figure 2.1 Research conceptual framework

The framework is divided into two themes: I) social construction of disability and its product, and II) the process of resistance against the disabling built environment. Conceptual definitions which are explored in this chapter lead to insights into accessibility in the built environment for disabled people in Thailand.

2.1 Construction of disability: meaning and understanding

This section provides key ideas about how disability is and has been perceived in different approaches which mainly draw on disability studies. These discussions will be used in exploring how understanding of disability influences the creation of (in)accessible built environment. The way society perceives disability is reflected in (in)accessible environments. There have been attempts to understand disability from different angles. Shakespeare (1994:289), for example, argues that *'[d]isability is a complex process, which involves a number of causal components'*, and suggests a mono-linear explanation of disability by merely focusing on socio-economic structures is misguided. Abberley (1987) agrees with this sentiment through an example about the way people perceive what is *'abnormal'*. One study in the Journal of Maxillo-facial Surgery concluded that *'children don't start reacting badly to abnormal looks until they are at least eleven years old'* and as a consequence, it can be understood that *'discrimination against funny-looking people is not some innate result of evolutionary forces, it is socially learned'* (ibid.:6).

Furthermore, understanding of disability partly depends on the circumstances that surround it. Perceptions of disability, which have been created by society, convey how society understands and handles it. As Vehmas (2004:34) highlights, disability is fundamentally *'a normative concept that reflects the idea of what kind of beings human ought to be, or, how society ought to be constructed to treat its members equally'*. It is crucial to note that *'disability'* is a social and cultural construct. This also reflects ways that society determines and implements disability policy. Hence, it is inevitable that we must consider the context specifically relevant to disability research. There are varieties of policies and practices which are created by non-disabled people and these vary amongst different countries. Furthermore, the definition and meaning of disability not only differs across countries but also varies within a certain socio-cultural context which is associated with legal, political and social discourses (Singal, 2010:418).

As we have seen an understanding of disability, as well as disability itself, is a construct within a set of social and cultural processes. How are these created? What are the variables within the production of the concept of disability? To what extent does

the resulting concept of disability impact on disabled people's access to the built environment? Western literature has systematically charted disability through two main approaches and there is currently a debate on taking a holistic approach to disability. The following sub-sections discuss perspectives of disability, and disability itself in non-Western culture.

2.1.1 Disability as an individual problem

This approach places the problems and therefore the solutions at the individual level. Hence, it pays less attention to society at large. Influenced by the existential questions of the Enlightenment era where people attempted to understand nature and answer who they are and not the nature of existence, people with impairments are marginalised by being seen as less human than others (Vehmas, 2004:34). The individual or medical model began to develop at the same time as the role of physicians advanced in society. Corker and Shakespeare (2002:2) extend the assumption that the unity of humanity assumes the individual with impairment is a deviance from the modernist idea of '*normalcy*'. That is, a person with a perfect bodily and mental function is viewed as a '*norm*' of human being.

An explanation of disability as a problem located within individuals also underlies explanations of the cause of problems arising from the individual's functional limitation, or as Oliver (1996:32) calls it, '*the personal tragedy theory of disability*'. This perspective regards disability as a problem for the person who carries the disability and it is based on the assumption that persons with impairment have something inherently wrong with them. In this perspective, disabled people have their place in the society, but this is a misconception created by non-disabled members at large. For instance, in ancient Roman, at times, a person with disability was connected to special ability. A person who was blind was thought to have talent in music and prophecy (Puig and Tetzchner, 1998). According to Reid-Cunningham and Fleming (2009:11), this approach links with the moral model which draws upon religious interpretation to connect disability with punishment or wrongdoing. According to traditional religions, persons with impairments—either from birth or later in life—have been viewed as bearing their own retribution from moral flaws in the past (Vehmas, 2004:35).

Oliver (1986:6) further points out the false assumption in policies for care is that the population can be divided up into 1) dependent citizens or disabled people and 2) independent citizens or non-disabled people. Whereas in reality, there is often reciprocal care such as sons or daughters caring for their parent who previously has taken care of them. By dividing the care system and providing care in institutions, it fails to provide the emotions and feelings needed between the giver and the recipient. Oliver asserts that this failure to see disability itself as a problematic category leads to the problem that the oppression of one group is decreased by increasing the oppression of another. Disability seen as the responsibility of the individual, both in traditional and modern eras, engenders remedies for disability problems which also revolve around individuals' responsibility.

The medical model views an individual with disability as an impaired person who needs to be cured. In this model, the problems are often embedded in the sickness of individuals. In this sense, it is nothing to do with society: for instance, none of the responsibility to create places for impaired people falls to society. In addition, people with disabilities have to wait for to be cured outside the mainstream social realm. In this model, people with sickness are excused from the normal obligations of society. For instance, people with impairments do not need to go to school, or take a job or take on family duties and so on. Therefore, a key role falls to the authorities to issue policy regarding the 'special' needs of disabled people. As Vehmas (2004:35) denotes, a common element of the moral and medical model of disability is to see disability as the inevitable product of an individual's moral failure or biological deficits, or a misfortune that requires compensation from society. An example of implying that individual impairment is the major cause of problems which can be solved by individuals is seen in a research report by the non-profitable Wheelchair Foundation: Heinz School of Public Policy on 'Risk Factors for Global Mobility Disability' (Wheelchair Foundation.org, 2005). This report points out that risk factors which lead to motor disability are often caused by nature such as ageing, genetic disease, disasters, or accident and war. Risk factors originate with and are to be solved by the individual with impairment, according to this report:

[s]ome mobility disabilities are caused by conditions present at birth while others are the result of illness or physical injury. [...] We have chosen this

particular area of disability to focus on because it is those that are mobility disabled that will most likely require a wheelchair(2005:13).

Consequently, an understanding of disability based on this approach has a tendency to lead to charitable solutions. The recommendation section in the same report mentioned the further focus of advocacy work *'should be on gathering better data and on identifying those that require the service of the WCF'* (Wheelchair Foundation.org, 2005:67). This information leads them to *'identify possible donors based on regional interests'*. Wheelchairs are given away but physical and social barriers have hardly been raised as problems facing people with mobility impairment. Furthermore, the medical strategy aims to fix those impaired people in order to pursue their lives in accordance with the *'norm'* of their society. Consequently, solutions in this approach are often associated with medical and healthcare intervention.

The key actors to solve problems within this approach tend to be medical professionals e.g. physicians, physiotherapists, rehabilitation consultants, and so on. The social role of an individual with an impairment is automatically *'the patient'* or *'the client'*. The rehabilitation approach was in place in the period of industrial development. It amends the traditional paradigm in the quest to transform the circumstances of the disabled person. According to this perspective, which lies in a positivist ideology, disabled people are often viewed as objects of study. Additionally, in industrialised society, the notion affects the agenda of disability policy. People are evaluated within the binary opposition of useful/un-useful or able/unable. Furthermore, the process of implementation in this approach is based on cost-benefit analysis (Puig and Tetzchner, 1998). The result of all these factors in this kind of society is the rise of hospital-based medical care. The disabled members have been separated from their class of origin in society.

In addition medical and rehabilitation models have been disapproved of people with impairments. A key reason is that an individual with disability requires medical care at times, but for many cases with chronic impairment, medication alone cannot cure nor (re)include them into society. Therefore, the institutionalisation that labelled the people with impairments as sick fails to meet the needs of disabled people. Shakespeare (2006:15) draws on Oliver's conceptualisation of the medical model and says that *'there*

is no such thing as the medical model of disability, there is instead, an individual model of disability of which medicalisation is one significant component'. Instead, the individual model exacerbates the struggles in life faced by individuals with impairments so they become dependent on the decisive role of medical professionals or policy decision makers. In other words, people with illness or having impairment become entrenched within diagnosis and solutions within medical knowledge. Hence, for the individual categorised by their bodily function deficiency, their ability is regarded as incapacity and it "forms the basis for a 'personal tragedy' approach, where the individual is regarded as a victim, and as someone who is in need of 'care and attention', and dependent on others" (Barnes et al., 1999:21). For the last two decades, Abberley (1987) notes that there is another significant problem arising from seeing disability as the result of individual natural tragedy. That is the failure of welfare distribution which presents

disadvantage as the consequence of a naturalised 'impairment' it legitimises the failure of welfare facilities and the distribution system in general to provide for social need, that is, it interprets the effects of social maldistribution as the consequence of individual deficiency.(ibid.:17)

A person who has amputated legs, for instance, requires assistive equipment help for moving, such as crutches or a wheelchair. However, physical barriers inherent in built environments range from little cracks in the pavement to steps when accessing buildings. Those barriers limit the mobility of such individuals with impairment. A solution through this model tends to end up based on the individual such as special medical interventions (artificial legs or surgery which helps the person to cross those barriers), or providing the state monthly allowance if the person cannot go back to workplace. Increasingly, defining medicalisation as the dominant medical approach, with disability seen as an individual tragedy or problem, is denied by many writers (Abberley, 1987; Oliver, 1986). Shakespeare (2006), for instance, unfolds disability in this individual approach that tends to disregard the environment as a disabled people's struggle. Shakespeare gives an example of the work of disabled writers whose study is based on compassion for the disadvantage faced by disabled individuals. Such work views problems embedded in an individual's functional limitation and disconnected from social and physical environments:

when wheelchair users encountered problems getting around, they did not interpret these environmental barriers as the problem: [quoted] [c]entral to the life experiences of these civilian pioneers was the belief that individuals needed to adapt to existing environments and that wheelchairs were obstacles to participation, not steps and curbs.(ibid.:17)

In sum, within this approach, a person with impairment is viewed as an individual who carries the disability. Additionally, the individual model also interconnects with the moral model, the deficit model, the survival-of-the-fittest model, and the eugenics model (Reid-Cunningham and Fleming, 2009:11). The moral model has a connection with religious interpretation that entwines disability with sin or the result of faulty acts in the individual's past. Furthermore, Reid-Cunningham and Fleming (2009:12) also point out a common element within the moral and medical models: the former suggests spiritual vitality to care for the impaired person, and the latter focuses on intervention with the aim of normalising persons with deficits (body or mind) to correct them to become 'normal'. Hence, the individual model of disability clearly contains the assumption that removing physical barriers in the built environment is irrelevant to finding solutions for disability problems.

2.1.2 Disability as a socio-cultural construct

*Disability is something imposed on top of our impairments. (UPIAS
Commentary cited in Samaha, 2007:1278)*

The key turning point of attitudes toward disability was when the disabled activists and scholars redefined writing about 'disability' (Oliver, 1983; Finkelstein, 1980). The individual model tends to focus on a strategy for remedy which aims to develop the individual with impairment regardless of the social and physical environment, so that people with impairment are marginalised and unable to participate within the mainstream society where they live (Sihngsuriya and Ungsumalin, 2006:7-17). In the late 1990s, a new way of evaluation, which shifted towards quality-of-life, was introduced (Puig and Tetzchner, 1998:11). As the medical or individual model was criticised for the way it is practiced, the new idea was brought into a more diverse society. The focus of this perspective is not only on individuals that have different needs, but also on the problems that creates limits for people within the environments. The social model of disability is the name for this perspective. Vehmas (2004:34) notes

this way of seeing disability is a judgment or *'corollary of the prevailing cultural values, ideas, attitudes, and language [that] produce and shape human reality'*.

Thomas (2002:46) points out that in many places economic change influences the way impaired people began to be *'systematically excluded from direct involvement in economic activities'*. Earlier, Oliver (1986), notes that this shift of thought was influenced by key factors of socio-economic and knowledge development, particularly in the UK, when the state reduced economic liberalism and the freedom of the market and also when the feminist movement developed. One of the key drivers making up the social model of disability was the academics' ignorance of disability issues because they have been viewed as a personal tragedy, which means disability falls into none of any category of problems which need to be addressed. In this regard, Oliver (1986:6) contends that major obstacles are not only caused by impairment, but also by the social restrictions imposed upon disabled people by society, leading to the view that *'[...] disability is therefore a particular form of social oppression'*. This approach suggests that disability is no longer perceived as a mere natural misfortune which randomly happens to individuals. The social model of disability not only recognises the social exclusion of disabled people, stemming from existing social conditions, but also their economic exclusion and inequalities (Oliver, 1986:7). This idea also engages with the notion of equal access to public resources. Therefore, the social model of disability regards that although the problem of individual limitation is not denied, the surrounding things in society impose restrictions on impaired bodies. Nevertheless, Kitchin (1998) contends that a Marxist or political economy approach is not the only way to try to explain the bases of social exclusion. Disability and spatial areas are socially constructed concepts. The relationship between disability and society cannot be framed within strict economic and political terms or mere socio-cultural processes, but he suggests encompassing a mixture of the two.

Furthermore, the social model seeks to challenge society's understanding of disabled people as being different from what society thinks they should be. Oliver (1996) suggests the process of change that empowers disabled people is

not through social policies and programmes delivered by establishment politicians and policy makers nor through individual treatments and

interventions provided by the medical and para-medical professions.
(1996:37)

Therefore, by adopting Oliver's distinction of these two models, variables which will be explored in this study are as follows

Table 2.1 Individual and Social Model of disability

The individual model	The social model and issues focused on within this study
Personal problem	Social problem
Individual treatment	Social action
Professional dominance	Individual and collective responsibility
Expertise	Experience
Care	Rights
Policy	Politics
Individual adaptation	Social change

Source: Adapted from Oliver(1996:34), distinctions between the individual and social model as issues focused on within this study

The social model highlights two key elements which cause 'disability'. They are both visible and invisible: the physical and attitudinal barriers. Miles (1995) adds that the term 'attitude' is highly problematical which can mean a sort of changeable muddle of hopes, feelings, dispositions, and beliefs. The social model clearly teases out the problems of disability that, in fact, are embedded in the way social and physical barriers are systematically organised in society, outside the body and mind of impaired people. There have been attempts to promote the idea that physical barriers are the key problems in the lives of impaired bodies. However, Butler and Bowlby (1997:411) suggest that, in fact, barriers in the built environment cover only a small proportion of disabled people's concerns, it is the social environment, social attitudes and behaviour towards disabled people, which requires change.

Hughes and Paterson (1997:328) contend that disability is, in fact, not a result of impairment. Despite that (negative) attitudes play an important role in the struggles faced by disabled people, this model also regards the context of the social and built environment as having a key role in both facilitating and hindering disabled people's lives. As Verbrugge and Jette (1994:9) highlight, 'disability is not inherent in a person [...]

it denotes a relationship between a person and her/his environment'. The lives of disabled people encounter difficulties often embed in the social and physical environment. As Imrie (1999a:25) notes, the significant element is *'the perpetuation and reproduction of social inequalities is the built environment*'. For example, a young individual has a spinal cord injury and paralysis from the waist. That person then cannot use her/his legs to walk. Then that person uses a wheelchair for movement, and in this sense, she/he is not disabled until their wheelchair is stopped by a step or crack on the pavement. Thus, she/he cannot enter the building without a ramp or lift. Consequently, this individual with impairment is disabled by those barriers.

The physical impediments in this approach, then, are key problem for people with impairments. Such disabling barriers are understood as the product of a social process which produces 'disability' impose upon impaired bodies. Zarb (1995b:4) adds that lives of disabled people have been prevented not only by physical barriers to prevent access to places, but also the social and economic barriers resulting from unequal access to education and employment as well as a limited understanding of the nature of disablement. The process of creating the built environment, clearly, is a key variable in enabling or disabling impaired people with regard to access to public space. To some extent, the places which are impossible to be accessed by some people render those people dependent and have a connection with issues of power which: *'it is the imagination and negotiation of future worlds'* (Hastings and Thomas, 2005:531).

However, there are increasingly critiques that suggest this approach lacks some dimensions of impairment with an over-emphasis on physical and mobility impairments. One considerable disadvantage of this approach is that it results in *'ignoring the real pain, illness, exhaustion, and physical limitations which many disabled people face'* (Butler and Bowlby, 1997:418). Assuming that the cause of disadvantage mainly focuses on the circumstances surrounding impaired bodies is challenged. Furthermore, this approach can be understood as over-simplifying impairment conditions as Samaha (ibid.:1262) explains: *'[m]ost of us simply cannot pretend with any conviction that our impairments are irrelevant'*.

There have been comments on the social model that over-emphasises built environments as the major barrier to disabled people (Dewsbury et al., 2004; Miles,

2002). Hitherto, the social model has been criticised for lacking a focus on bodies with different impairments' needs and suggesting concentration on embodiment in space (Thibodaux, 2005; Shakespeare and Watson, 2002). Freund (2001:690), for instance, argues that although disability has been understood as a social construct, '*at least partly, reside in an "objective" impairment and not just the context in which a person is situated*'. In addition, scholars in this approach seek to distinguish explanations of impairment and disability. Impairment is simply a bodily state, which defies the physicality of certain bodies with different capacities. For Gleeson (1996), for instance, impairment is a form of certainly embodies a given set of abilities which then affect real social capacities. In this sense, bodies with impairment interacting with the built and social environment will be explored in the next section, which looks at a holistic approach to disability. This issue will be revisited in more details in section 2.2 'Production of disabling built environments'.

2.1.3 Holistic approach: the social model in the post-structuralist perspective

the difference that the difference makes (Chouinard, 1997:386)

The quotation above, perhaps, can provide an explanation of the era where people were increasingly aware that we are actually living in a society with diversities and differences as in post-modernity. Previously, social model scholars have contributed a major step forwards for disability studies and disabled people's lives. The problems for impaired people have been explained as being in society itself. However, Butler and Bowlby (1997) argue that this approach lacks personal experiences which no longer matches with such explanation and ignores

differences of both impairments and of social, economic, and political factors [research approach] should be central to the new and expanded social model in which individual differences are understood within their social context.(ibid.:413)

The social model also has vigorously argued that the struggle of disability is connected to a lack of access to resources which respond to the requirements of people with impairments. However, Thomas (2002:47) contends that disability rooted in materialist understanding is a phenomenon of social relationships between different groups of

people in socio-structural circumstances. Nevertheless, Barnes (2003:8), contends that the social model of disability, in fact, focuses on the totality of disabling environments and cultures. Furthermore, Barnes argues that this approach is also about removing all kinds of barriers that prevent access to economic and social activity so as to focus on how people are empowered to cope with problems (ibid.:18). Furthermore, disability has a social context. It is bounded up with social relationships at specific historical junctures. This analysis regards disablement as being beyond ideas about it: there has always occurred '*restricted activity*' (Barnes et al., 2002:47), but disability is rather located spatially, temporally and economically.

Disability is shaped by culture

To study spatial exclusion of disabled people, it requires understanding of economic and political terms and socio-cultural processes. Treatment of disability has been understood to have been influenced by political economic contexts (Oliver, 1996). However, disabled people are excluded not only because of difficulties in obtaining capital in the mode of production, but also socially constructed modes of thought and expression enshrined in cultural representations (Kitchin, 1998:345). In the social constructionist perspective, reality is not merely represented by words, but is also a creation of it (Vehmas, 2004:37). To understand how a certain society perceives and how they response to disability, drawing on a postmodernist perspective, Vehmas (ibid.) notes that there is no such thing as objective truth according to the hegemony of scientific knowledge. Language is the significant element which constructs the reality. In this regard, references to disability as well as open dialogue for '*those voices that do not speak the language of science*' should be taken into account. Likewise, the appearance of the body and its value has a socially-constructed relationship. Particularly in Western culture, Butler and Bowlby (1997:415) point out that society sets a great value on body beautification, and those who fail to met these standards are often seen evil or having moral failing. Society reacts to such failure in different ways, such as through the concept of '*other*' with fear, or '*objectification*' by gazing or staring or showing sympathy (ibid.).

Disabled people imagery

The representation of the body has had enormous influence on critical theory in gender studies and the women's movement (Siebers, 2001:738). In this regard, the social model makes a conceptual distinction between impairment and disability, similar to the distinction between gender and sex in the feminist approach (Corker and Shakespeare, 2002:3). However, disability culture cannot necessarily adopt the feminist approach totally. Butler and Bowlby (1997:431) argue that while biological femininity has always been a fact of woman's existence, *'for most disabled people, impairment is not something that they are born with'*. Morris (1991) reflects the ways Western culture represents life and an image of disabled people through mainstream media. By doing so, such media as television and film portray the notion of non-disabled society where experiences of disabled people are missing from general culture. There is a lack of reference to the reality of life and understanding of disabled people as a consequence. As disabled people hardly have an opportunity to input their valid experiences to society, this increases the impact on the actual lives of people with impairments. This results in several kinds of oppression. Morris (1991) raises an example of the failure of the slightly-visually-impaired girl's real experience. When the adult world failed to recognise her ability to see in a different way, then it leads to two misconceptions about this girl. On the one hand, the parents wish for their child to be *'alright'*. It would be better, on the other, if their child was recognised as totally blind as a legitimate experience, she explains

[...] that is an actual physical experience, because there is a cultural stereotype of blind person and this stereotype gives meaning to an otherwise incomprehensible experience (albeit a distorted meaning). (ibid.:90)

Apart from these distorting assumptions about disabled people, ideas about disability are also absent in the mainstream social realm. Shakespeare (1994) sheds light on key elements which can be a source of cultural representation in exploring how society produces and reproduces *'disability'*. In popular media, for instance, disabled people are often absent from *'TV audiences'* or represented in a limited number of roles. Furthermore, there are different sources which portray little of the lives of disabled people such as *'newspapers, television, film and other areas of popular culture'* (1994:286).

Additionally, Thomas (2002:49) contends that a materialist perspective pays little attention to or even undermines cultural factors. Despite the fact that accessing resources is a challenge for less advantaged people, cultural ideas about disability effectively constitute a negative position imposed upon disabled people. For instance, biased notions, based on dualistic explanations, distinguish people with impairments for being powerless and dependent. This way of thinking tends to be the result of a failure to connect the actual problems disabled people faced in the built environments. Thomas (ibid.) gives this example of the problems of dualistic segregation:

[distinction by seeing] the body is separated from the mind, the biological from the social, and the cultural from the economic [...] all social phenomena, including disability and impairment, should be understood to be woven through, and out of, cultural ideas and discursive practices: there is no 'reality' independent of ideas concerning it.(ibid.:49)

That is, the society which is based on an 'ableist' ideology potentially segregates disabled members to another end as 'unable' rather than rethinking the physical environment as a problem.

Shakespeare (1994) points out that impaired bodies have been objectified by cultural representations. In contemporary societies, disabled people have been represented through charities. The missing parts of disabled bodies have been represented as an 'icon of pity' in the charity campaign. Hence, society tends to feel pity, and Shakespeare (ibid.:287) views this feeling as 'an expression of superiority'. As a consequence, disabled people are potentially regarded 'as passive and incapable people, objects of pity and of aid' (ibid.:288). This perception drives the society with a non-disabled ideology to view disabled people as having dependency status. In addition, this notion of disabled people as passive recipients influences the way society reacts and treats disabled people. Disability welfare, for instance, tends to give away some money, but still, an accessible environment is inadequately provided for people with impairments. In this sense, disabled people as a collective group can be one source of pressure in changing and challenging 'prevailing stereotypes of powerlessness and objectification' (Shakespeare, 1993:263).

2.1.4 Study of disability in non-Western culture

While people in the rich world are talking about Independent Living and improved services, we are talking about survival

John Malinga, 1999, disabled activist (quoted in McEwan and Butler, 2007:448)

Shakespeare (1994:290) asserts that in 'many cultures, disabled people are not always negatively viewed *'regardless of the particular socio-economic relationship'*. McEwan and Butler (2007:453) note that in development of the social model, it is necessary to consider the local history and cultural practices in developing countries, otherwise it tends to be *'more like imperialism than empowerment'*. The quotation above aims to highlight the importance of considering the socio-cultural and political economic context in understanding disability issues. Research concerning the built environment and disability has struggled with limited knowledge and theory development especially in the non-Western socio-cultural context. As Imrie and Edwards (2007:624) point out, despite the fact that disability issues have been marginal in the subject area, there is an ethnocentric bias which is characterised by the absence of accounts of disability beyond Anglo-American, Australasian and European contexts. In this regard, research on disability in non-Western contexts can be seen as having a lack of continuity in conceptual development. Taking a closer look at societal attributes in specific areas can be a significant strategy in exploring disability issues in different socio-cultural contexts.

In a widely-held world belief system, disability is often associated with punishment for wrongdoing. However, the concept of disability as personal tragedy is not a universal explanation. In some cultures, it is rather associated with a sign of being chosen by the gods (Oliver, 1996:131). For instance, Adams (2006) notes the case of African culture, where

people talk about God's will with a more positive emphasis than Europeans. Parents would consider it an honour to give birth to a disabled child and that God had entrusted them to take care of a special person. (ibid.:26)

Hence, understanding of disability is dynamic and it depends on a distinct specific culture. The history of disability in the local context is a key factor to be taken into

account. There is an interesting example in South Africa (ibid.:451), where disabled people in the pre-colonial period had an acceptable social position and were included within their community. The person with disability was pragmatically accommodated by taking into account what they were able to contribute to the life and welfare of the community. People with impairment were able to share household chores to the extent that they could manage. Family and kinship ties, competence in doing things considered useful for daily tasks and the ability to behave in a socially acceptable manner determined the status and inclusion as somebody within the community.

Nevertheless, understanding about disability in developing countries have undoubtedly played a part in this lack of visibility because there is still the notion in some places that disability issues are a private or at least a family matter. Therefore, there is a requirement for a participatory approach in achieving understanding of disability in some socio-cultural contexts (McEwan and Butler, 2007).

Poverty and the social model in the major world countries

There have been writings, in particular within developing countries, which suggest poverty has a significant connection with disability, such as in this message from the World Health Organisation:

Disabled often among the poorest of poor (Andrei Shukshin, Moscow in World Health Organisation (WHO), 2005)

This notion leads to an understanding that disability has a significant interrelationship with poverty. According to McEwan and Butler (2007:451), impairment can be both the cause and the consequence of poverty, and they echo '*disabled people in developing countries are often among the poorest of the poor*'. In addition, Nyathi (2002) urges the participatory approach as a way to overcome poverty and disability over years moving on from killing, to hiding, to ignoring, to pitying, and recently, progress to supporting, but hardly yet to involving disabled people.

Lwanga-Ntale reveals that the individual with impairment faces a kind of poverty for long periods '*regardless of different macro and micro interventions, affected households or individuals are unable to sustain themselves or to improve on their livelihoods*'. Impairment,

in this sense, can be used to explain a causation of poverty faced by the individual who carries it. However, the elimination of poverty or curing people with impairment is not an only way to remove the physical barriers to disabled people. Poverty tends to be an explanation of the causes of impairment such as difficulty to access common resources, leading to malnutrition and eventually confrontation with disability rather than a signifier for disability solutions. As Beresford (1996:553) argues, poverty is not a mere cause of disablement, *‘an analysis of disability based solely on poverty is both inaccurate and misleading’*. Beresford (1996) further comments that for both rich and poor societies:

[...]disabling policies and practice generating poverty among disabled people, notably through disabled people’s marginalisation by and exclusion from the labour market, poverty generates ill health and impairment.(ibid.:564)

It is clear that disability and poverty have a connection, but this is not necessarily the only way to explain inaccessibility problems. There is a greater benefit in taking the wider condition of disability in both social and cultural aspects into account. As Chouinard et al. (2010:7) note, experiences of disability can be seen as the social condition of a life in which poverty, malnutrition, and war cause and exacerbate physical and mental impairment. This study, therefore, regards the poverty issue as one but not all of the significant variables in explaining problems and solutions interconnecting impairment and accessibility in the built environment.

The literature review on disability approach are summarised in the following table.

Table 2.2 Summary of disability approaches

Issue	Approach		
	Individual/Medical model	Social model	Holistic approach
Meaning of disability	Naturally inherent in an individual	Caused by socially arranged environment and societal attitudes Defined disability as by-product of social construction	Individual’s functional limitation and caused by disabling social and physical environment
Disabled people	are incapable of performing social functions because of bodily and mentally functional limitations	are disabled by the disabling social and physical environment	have equal humanity Having impairment is a natural condition of everyone’s life

Issue	Approach		
	Individual/Medical model	Social model	Holistic approach
Resolution approach	Segregated social service and institutions Individual rehabilitation: medical and vocational Providing special equipments or specific welfare benefits Charitable support: disabled people often are seen as the icon of pity	Remove social (negative attitude) and physical barriers in order to access to available resources Disability is not the personal but the political Seek change in society	Various requirement amongst the same disablements (account on individual variation)
Role of the built environment	As neutral, such as the users with deviation from the standard require rehabilitation or adaptation to use the (standardised) buildings or facilities Or need to be provided in a special design such as separated school for children with impairment	The key barriers preventing people with impairment participating in social activities The resolution based on access to the material distribution and removing existing barriers	As a reciprocity relationship with the impaired bodies Serve for all human requirements to the greatest extent as possible
Limitations	Limit to see more complex disability problems beyond an individual tragedy Disabled people are excluded from their society	A strong social model which over-emphasises the structural elements tends to disregard diversity of impaired bodily experiences	Requires the application of its framework into real life and outside academia

In addition to the research methodology, the position adopted in this study draws on the Position 4 of Priestley’s (1998) standpoint on research about disability studies. This research adopts such a position because it views disability struggles as having a relationship with the built environment which is beyond the individuals’ functional limitation. It also suggests that the social reality exists in human perception and ideas rather than resources provided for disabled people. Furthermore, this position focuses on disability problems as an interrelationship between cultural factors in a specific context and the unit of analysis is cultural values and representations (Figure 2.2)

	Materialist	Idealist
Individual	<p>Position 1 Individual materialist models Disability is the physical product of biology acting upon the functioning of material individuals (bodies)</p> <p>The units of analysis are impaired bodies</p>	<p>Position 2 Individual idealist models Disability is the product of voluntaristic individuals (disabled and non-disabled) engaged in the creation of identities and the negotiation of roles</p> <p>The units of analysis are beliefs and identities</p>
Social	<p>Position 3 Social creationist models Disability is the material product of socio-economic relations developing within a specific historical context</p> <p>The units of analysis are disabling barriers and material relations of power</p>	<p>Position 4 Social constructionist models Disability is the idealist product of societal development within a specific cultural context</p> <p>The units of analysis are cultural values and representations</p>

Figure 2.2 Four theoretical positions of disability research

Source: Priestley's (1998:78)

2.2 Production of disabling built environments

Building forms reflect how a society feels about itself and the world it inhabits (Lifchez, 1987:1).

Space and the movement of people have a reciprocal relationship. The built environment is arranged not only for social activities and organisation to take place, it also structures such interaction (Freund, 2001). In many places, spaces are designed for non-disabled people. Freund (ibid.:694) correlates the movement of people and socio-spatial arrangements where that '*movement influences spatial configurations (or what we call the social organisation of space) and such an organisation influences movement*'. The inaccessible built environment for disabled people can be seen as a product of thinking systems and attitudes of concerned designers and practitioners. That is, the socio-cultural circumstance surrounding disability. As Hall and Imrie (1999:409) highlight, disabled people have encountered their space as sets of obstacles constructed by social and physical obstructions. In particular, the built environments are also standardised so that some people with different ability of movement find them impossible to use. Kitchen (1998:346) points out that the space which excludes disabled people cannot be

seen as neutral, instead they are created through individual social interactions integrated with state policy, building regulations and architectural and planning practices. Kitchin (ibid.) gives examples of buildings with steps with no ramp, cash machines placed too high, inaccessible public transport: all are examples of the implicit and thoughtless manners of exclusionary design process.

For Gleeson (1999), space is a social artefact. It is shaped by and within society as well as a constitutive element in social and political processes (Imrie, 2000). The inaccessible built environment, therefore, can be understood as a key element which constitutes social exclusion to the population with disabilities. There are forms of exclusion created by inaccessible facilities to impaired people, as Hodgson and Turner (2003) note that an individual is socially excluded when:

(a) he or she is geographically resident in a society and (b) he or she does not participate in the normal activities of citizens in that society. (ibid.:267)

The critical disabling features are embedded in various forms in the urban environment (Gleeson, 1998:92). Those range from a small scale such as a barrier to movement e.g. cracks in the pavement, barriers to access to a building e.g. steps in front of the buildings, to the mode of public transport which disregards the different abilities of users to commute. In one respect, a process to form the built environmental has a characteristic which implicitly communicates exclusion for some users. Hodgson and Turner (ibid.:268) depict that a lack of acknowledgement of the socio-cultural requirement of users such as the safety at night-time of women waiting at a dark bus station effectively excludes them from mainstream society.

2.2.1 Dominant design concept: disabling architecture

This section aims to understand one of the key elements in the process of creating disabling architecture: the design professionals' perceptions of the human body and accessibility. Life in society for a large number of people is an interrelationship between the abilities of users and the degree of accessibility in built environments. Architectural design and build, particularly in modernism western culture, have been based on the design guidelines of 'average man' of Leonardo de Vinci (The Building Commission, 2007) as well as Le Corbusier's influential 'Modular Man' in their works

(Hastings and Thomas, 2005; Siebers, 2003; Imrie, 1998). Likewise, the Modernist architectural concept has long influenced Thailand's architectural design and building professionals. For instance, the 'Sarakadee' (the Documentary), a monthly magazine publishing in the Thai language, embraces Le Corbusier as '*the most influential architect in the twentieth century*' (สารคดี, vol.171, 2008).

Lifchez (1987) argues that it has never been a feature of the culture, social ethics or practices of design professionals to see themselves as part of wider political processes. In considering the relationship between aesthetic values and the production of the built environment,

how many architects still see their practices as about the designer providing buildings with critical capacities, so that the architects can engage with contemporary problems through formal manipulation. [...] architecture is a form of artistic expression and endeavour, [and] art has a high moral purpose in the formation and transmission of culture (Hall and Imrie, 1999:411).

The mainstreaming idea of architecture as 'high art' (ibid.) have perpetually emphasised on the aesthetics and tends to exclude the human dimension. Consequently such a conception pays little attention on people's spatial requirements.

Disembodied architecture: the key agent

In the process of production of the built environment, a key component that discriminates between its inhabitants is associated with the role of architects and design professionals. For Imrie (1996a:74), architects tend to be misled by holding the assumption that they are '*passive, as an instrument of the client, or elevated to a position of supreme control*'. Hall and Imrie (1999), in a study on the role and attitude of design professionals toward disability and disabled people's spatial requirements, point out:

[a]rchitects are key actors or agents in the production of the built environment and their conceptions of different user groups are important [...] in contributing to the content of design processes (ibid.:423).

Imrie (1996a) further notes that as architects can be seen as part of the wider socio-cultural and political processes so their ideas in design practices toward the built environment have been characterised by

the (ideology) assertion of the aesthetic or prioritising the idea of building form over use, the professionalisation of architectural and other design practices, thus creating a new technical, 'expert', elite, and the rise of the corporate economy as the dominant clientele. (ibid.:76)

In this sense, architecture which is perceived as an aesthetic form of art and neutral, is the source of the technological and functional approach which diminishes awareness of the different demands of the variety of users (ibid.). In addition, the propagation of the architect as the 'expert' whose ideas are supported by scientific explanation crucially is a component in discounting the users' experiences or as Imrie (ibid.:77) notes '*denying the subjectivities of the very users of the built environment*'. Furthermore, the ideology underpinning the viewpoint of architects is that buildings are constructed based on standardised and fixed values of users, as well as the ableist bodily concepts underpinning architectural discourses and practices.

Those architectural works have been thought of as products which mainly involve aesthetics and form, which tend to be the inspirations of the person who designs rather than the end users (Hall and Imrie, 1999:411). Hall and Imrie (ibid.) also highlight that the dominant concepts are drawn from the person who is able to provide knowledge of design and aesthetics, who has abilities and skills which distinguish them from others. This then characterises an architect as '*a purveyor of beauty and truth*'. This is despite the fact that architects are part of the socio-cultural processes, and their works can also be understood as part of the socio-political influence or as key sources and sites of disabled people's marginalisation and oppression (Imrie, 1999a:26). In addition, Siebers (2003) argues that architectural theories have a relationship with the political unconscious such as in the Le Corbusier diagram of Modular Man in creating human habitats.

The diagram of the Modular system (Figure 2.3) presents a two dimensional masculine figure standing upright, without a sign of any physical impairment. In this regard, this human standardised body has simplified the diversity of human sizes and shapes and become the 'average'. As Imrie and Hall (2001b:10) note: '*[t]hese norms tend to reduce the body to a universal type or a standard, characterised by fixed body parts*'. For Imrie (2003:57), by using this standard, the human body, tend to be perceived as '*non-corporeal or as an object that serves to highlight the qualities of architectural space*'. Furthermore, this idea of

seeking to standardise the human body can be seen as problem-solving for perfect architectural forms (Imrie, 1999a:31).

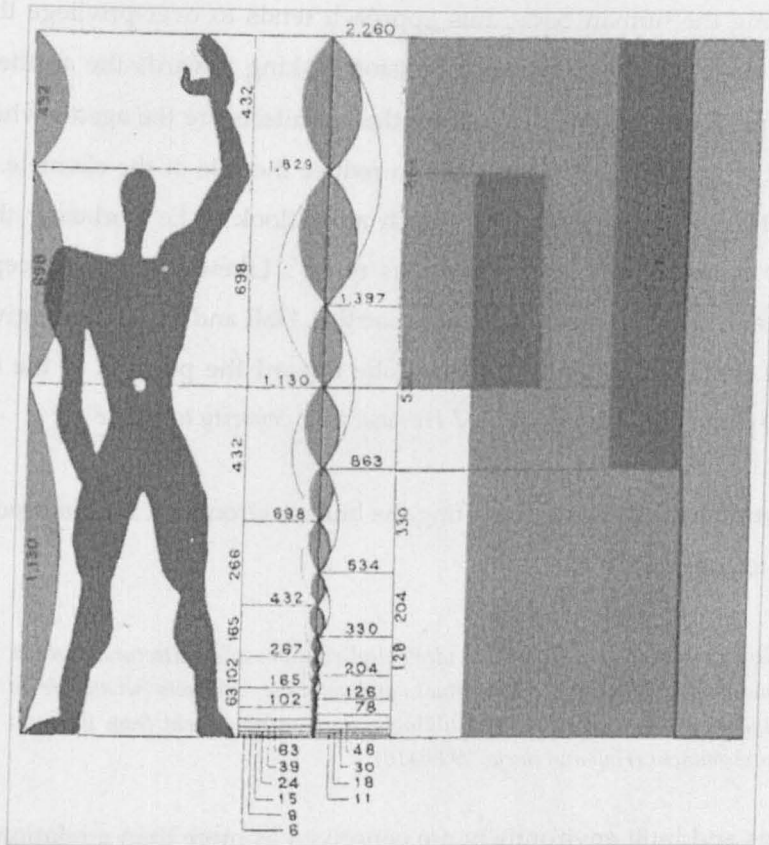


Figure 2.3 Le Corbusier, the 'Modular Man', 1925

Source: Siebers (2003:203)

In one respect, the idea of reducing the human body into a 'standard' form has contributed much to the foundation of industrialised production. However, the architectural concept which places heavily emphasis on the decontextualised and standardised human body tends to reduce humanity's other dimensions—such as differences of mind and experiences—beyond size and shape. In this sense, Imrie (1999a:28) argues that the influential modernist architect (such as Le Corbusier's the Modular Man) effectively '*precludes the richness and quality of life [...] This, then, is a world which seeks to normalise*'. The standardised human body in architectural concepts has influenced the teaching and training of architects so as not to perceive the limitation and decontextualisation of the human body (Imrie, 1999a:30). Because of the resulting negative effects on disabled people, such a concept constitutes hostile and oppressive

built environments which *'are underpinned by the embodied ideal of a body which fails to conform with the complexities of bodily interaction in spaces'*(ibid.:40).

By standardising the human body, this approach tends to over-privilege the design professionals, directing their power of decision-making towards the aesthetic rather than their clients. Furthermore, the concept that architects are the agents who serve as expert aesthetic providers has a tendency to reduce the role of the clientele. Hall and Imrie (1999:411) give as an example of such an outlook of Le Corbusier that *'people would have to be re-educated to appreciate his vision'*. Likewise, with concepts which provide little acknowledgement of client capacities, Hall and Imrie (ibid.) give another example in a comment of Mies Van der Rohe toward the position of the client: *'He doesn't have to choose. How can he choose? He hasn't the capacity to choose'*.

In sum, to examine the process of creating the built environment for disabled people, it is important to consider

the socioeconomic, political and ideological relations of architectural theories and practices [as well as] the attitudes and values of architects [which] are an important site and source of building's users' estrangement from the built environment (Hall and Imrie, 1999:410).

The buildings and built environment are conceived as more than a relationship of the body and materials, but as Imrie (1999a:40) draws from Davies and Lifchez, they are *'the quality of socio-psychological experiences'*. In this sense, it is important for architects and architectural theories to reconnect with broader socio-cultural and socioeconomic accounts so as to challenge the over-emphasis on the aesthetic and make a wider effort to *'understand the interrelationships between design theory, practice, and people's experiences of buildings and the built environment'*(ibid.).

Of 'Other' space

People with impairment have different abilities of mobility, cognition, and may have different body sizes. Thus, the built environments which are designed based on the ideas underpinning ableist ideology tend to fail to respond to spatial requirements. For example, in identifying the human body as a statistical proportion which adopts the *'average'* in the middle of the value, this may mean somebody falls too far outside this

average and is not able to access this environment as a result. Gleeson (2001:256) points out that the hazards in the modern industrialised city involve the notion that

built environment is basically designed for the average human being, plus or minus half a standard deviation. From the perspective of 'a bell-shaped curve', persons with many types of disabilities that place them in the tail of the distribution are effectively isolated by their environments (ibid.) [emphasis added].

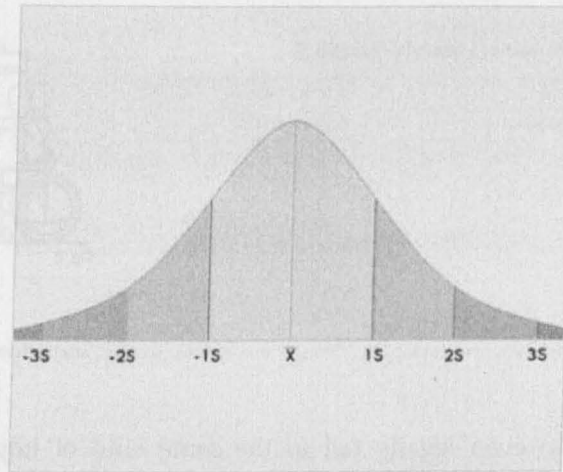


Figure 2.4 Bell-shaped curve of average human body

The ergonomics of the human body are represented in a bell curve shape diagram, which refers the middle range to the average⁴

Source: Centre for Inclusive Design and Environmental Access, School of Architecture and Planning, University at Buffalo, the State University of New York. <http://www.ap.buffalo.edu/idea/udny/Sec1images/1-12.jpg>

Since such a notion has widely been adopted in architectural theory and practice, in many cases, spaces for disabled people become the 'special', 'different', or the 'other space'. Such a concept can be found in the architectural design guidelines, in particular within the human dimensions for impaired people (Figure 2.5).

⁴ The original description of this diagram refers to ergonomic design which all ranges of human abilities can be included in a Universal Design concept: 'The bell curve illustrates the fallacy of the average person. People come in a range of ages, sizes and abilities. Universally designed buildings accommodate those ranges rather than some theoretical average.'

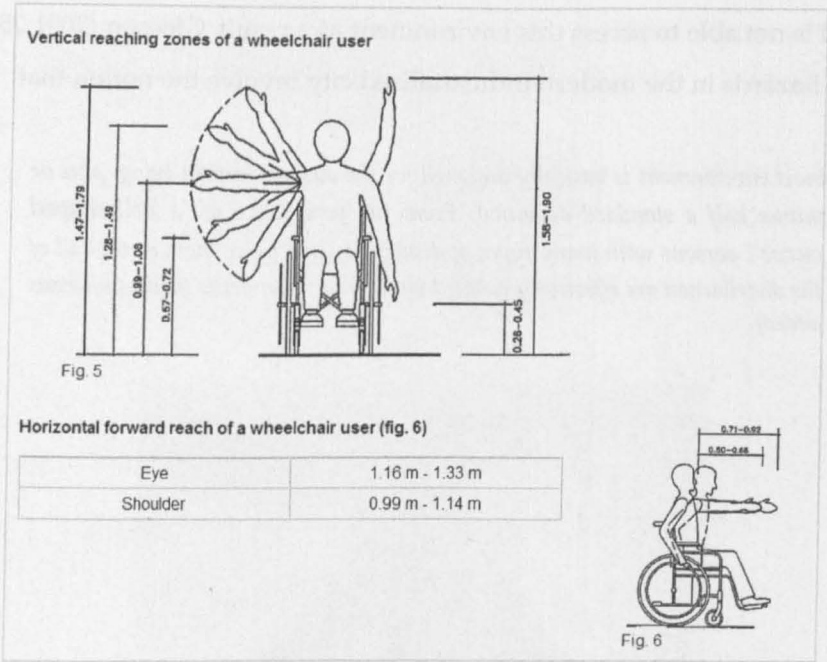


Figure 2.5 Dimensional data of wheelchair user
Source: United Nations Enable [online available] <http://www.un.org/esa/socdev/enable/designm/AD5-02.htm>

However, people who even legally fall in the same kind of impairment can have differences in both bodily and mentally dimensions. Recently, there have been increasing shifts in redefining the human body which can be measured by biometric means. For instance, Maddern and Stewart (2010:244) contend that using a more advanced technology to provide information of the body can be misleading. As Imrie (2003:64) has argued, rather than seeing the human body as apart from the buildings or objects that conform to *‘the law of physical science’*, the body is a form of lived experience which is heterogeneous, ever-changing, and has *‘the condition and context through which people are able to relate to objects (such as buildings)’*.

When the built environment, particularly in public places, fails to respond to the spatial requirements of impaired body, this can lead to feelings of otherness. Society may unconsciously react to the way disabled people negotiate with the spaces. To a certain extent, it can be part of the exclusion process. For Kitchin (1998:346) the sense of *‘Other’* is a kind of cultural practice rather than a quality that one possesses. This concept is explained: *‘[t]he dominant group’s cultural practices are promoted as the norm and the cultural practices of Others are portrayed as deviant’*. That is, it is a way society defines those members which they perceive as deviant from the predominant notion. From

Kitchin's comment, it is understood that disability is more associated with mixing the impairment and cultural aspects rather than a mere disadvantage in accessing materials or fair resource distribution. According to socio-spatial processes of exclusion, Kitchin (ibid.:345) summarises that there are two main ways

spaces are currently organised to keep disabled people 'in their place'; spaces are social texts that convey to disabled people that they are 'out of place'.

Hence, it is important in design and practice processes to take into account the wider socio-cultural, socioeconomic, and socio-political context surrounding the built environment.

2.2.2 Universal and Inclusive Design: concept and process

This section seeks to provide some important ideas to rethinking the design concept related with creation accessible facilities for disabled people in the built environment discipline. For Kitchin (1998), the built environments which are designed and built including people with differences in mind can effectively send a positive message. In turn, if it fails, it will bring the opposite result. Accessible places for disabled people potentially deliver messages

[...] which tell them: 'you are important'; 'we want you here'; and 'welcome' [...] if the way that disabled people are expected to get into a building is round the back, past the bins and through the kitchens, what does that message communicate? How will it make a disabled person feel? (ibid.:349)

Architectural design principles can be an essential component to combine accessibility of impaired bodies with aesthetics. There has been a concept of design development which takes a spectrum of abilities of people, such as the Universal Design. Freund (2001) gives an example of the 'Universal Design' or 'trans-generational' as

a technical solution to designing the built environment in such a way that it can be comfortably used by the widest range of bodies possible [...] it involves designing environments that are safe, aesthetic, comfortable and usable by the very young and by those who are old. (ibid.:704)

The inclusive approach has been hinted at in Western history for hundreds of years. The early ideological beginnings were seen in Thomas Paine's 'The Right of Man' which had influence on the French Revolution, highlighted by Sandhu (2001:3.4) '*with its short-lived secular emphasis on equality for all*'. However, in the same period was the Industrial Revolution in the United Kingdom building more products for a greater proportion of consumers, as well as the 'Fordism' standardised production process in the twentieth century, which in turn created a bigger gap between the industrialised production process and end-users. Nevertheless, in the 1960s, a new conceptual framework toward normalisation in Sweden and the Civil Rights movement in the USA demonstrated that disability is a condition which is constructed by society's attitudes. Furthermore, the inadequacies of the accessible built-environment are significant barriers.

In the USA, by the end of World War II, the importance of developing barrier-free built environments was first attempted to be promulgated on behalf of the injured veterans. The advocacy started to raise awareness of removing physical barriers in homes, workplaces, and mass transit. The advancement is recognition that these barrier removals were seen as rights of those society members. This led to the first federal legislation demanding accessibility in architectural environments in federally financed facilities (Moore, 2001:2.4). By the time of this movement, concurrently, industrialised design and production shifted their focus onto the diversity of targeted users. During this period, the architect Ron Mace, a wheelchair user because of polio, firstly highlighted the need for Universal Design. A new movement in built environment understanding emerged.

From this new movement, new legislation linking directly the physical environment and disability issues developed. In the USA, before the Americans with Disabilities Act (ADA) in 1990, there had been a focus on accessible architecture in several Acts, as well as in the UK, which was well advanced, developing several measures concerned with accessibility for disabled people from 1944 (Sandhu, 2001:3.5). Although there had been good progress in advancing accessibility in the built environment among developed countries and encouraging equal access at the national level (Standard Rule by UN), the more careful consideration of using such concept arose at the local one. The great

breakthrough of the Universal Design concept and enactment of legislation similar to the ADA took place in the UK, Canada, Australia, Spain, Holland, and even within less developed countries such as Thailand. There were questions of how to provide accessible features without creating symbols of separateness at the same time. Sandhu (2001) gives a clear example of using the sign of a disabled person in public spaces, which can be seen as a way to emphasise and create an apartheid of disabled people. He depicts the

[...] accessible toilet that we clearly marked 'disabled toilets', very often reinforced by the outdated international symbol with its wheelchair user – just in case you forget who you are. [...] perversely, the good intention has turned into a handicapping environment.(ibid.:3.5)

It is also clear that the more demanding efforts to put into practice good principles, the more there is a need to develop the concepts of how to achieve the accessible environment. Sandhu (2001:3.6) provides crucial elements in the development of technology which lead to reconsideration of how to integrate the multidisciplinary perspective. It is a requirement of a context-specific process that is crucial in understanding usage which is perfectly consistent in the users/environments interrelationship. For further development of inclusive approach, it is necessity to involve multidisciplinary contributors who bring knowledge and experiences from broader ranges of areas of expertises.

Inclusive approach: struggling with its implementation

Crises and disasters around the world have left million of people with impairment, homeless, and victims of discrimination. In these situations, to what extents can the inclusive approach play a role in the political domain? Governments around the world have been challenged on how to set their priorities for creating sustainability in developing their citizen and the environmental quality of life. The developed countries, for instance, have reviewed their financial commitment towards social security. The governments are unable to maintain their support for the welfare state in the difficult financial situation. Not surprisingly, this is worse in the case of developing countries. However, the problems in such countries are not merely caused by financial restrictions. This can also be seen as the result of attitudes of decision makers towards

the priority of disability issues. Cheausuwantavee's (2005:51) comparative study of disability policies in the UK, the USA and Thailand, reveals the complexities of factors which impede development of disability policies in Thailand because attitudes are still based on merit, philanthropic and patronage tradition. In a society with a paternalistic atmosphere, the person who uses the law as a solution, for instance, will be detested in their community.

Imrie (2000) suggests key variables that effectively influence the process of building and design: social and political culture and attitudes which are conditioned by social relationships, resource availability and the practices of the local authorised actors. In addition, Imrie (ibid.:6) notes the concept of '*local political environment*' is also crucial as a basis to understand the nature of local access policies and ways they are practiced. That is, distinctive socio-political culture leads local access policies to have diverse effects on the life experiences of disabled people in different cultural contexts. As Pinch is quoted in Imrie (1996b:18), the differences of human experiences show that '*what seems inevitable in one nation doesn't necessarily have to be so elsewhere*'.

2.2.3 Disabling environments

Disability has been vigorously discussed as a socio-spatial experience (such as Freund, 2001; Kitchin and Law, 2001; Kitchin, 1998). Therefore, to understand what it means to claim that there is a '*disabling*' space, it is crucial to explore how '*ableist*' built environments have been part of the social process. Chouinard (1997:380) briefly refers to the elements of construction ableist geographies as having

ideas, practices, institutions, and social relations that presume able-bodiedness, and by so doing, construct persons with disabilities as marginalised, oppressed, and largely invisible 'other'.

For instance, the ableist ideology can be represented in forms such as '*the lack of automatic doors and ramps in public building, the absence of hearing people with sign language skills at community events such as political candidate debates*' (ibid.) and so on. Likewise, Butler and Bowlby (1997:412) point out the spaces for people with impairments are organised '*economically, politically, and socially and ignore their interests in the creation of the built environment*'.

The production of the built environment, in particular in recent modern markets where capitalist urban fabrics are arranged to serve the need to stimulate the market and greater consumption, is often associated with key disabling elements such as a misperception which is based on ableist ideology. Freund (2001:695-696) reveals this through the 'walkism' notion in which cities are designed for healthy pedestrians, as well as through the biased attitude that creating special modifications for impaired people is expensive, in other words, not worth the investment. Built environments which are produced underpinned by such notions, to a certain extent, effectively disable impaired people. For instance, the cities that are organised for car domination tend to be designed for people who are healthier and able to move faster. As a consequence, people with mobility impairments including older people and children might find it is a challenge to flourish within their society. In a sense, the person who cannot speed up in the same rhythm as this kind of city can be seen as disabled. In this regard, Kitchin (1998:349) highlights that

[a] city is not just a set of buildings, roads, and parks and other infrastructures, a city is also a (cultural) text to which we read and react. Spatial structures and places within the landscape provide a set of cultural signifiers that tell us if we are 'out of place'.

For Chouinard (1997), disablist spaces not only exclude people with impairment from economic prospects, such as by keeping them from workplaces, the physical barriers also exclude disabled people from academic domains. For instance, disabled attendants in the conference are often excluded because

[c]onference rooms lack reserved seating for the disabled, conference forms typically lack spaces for indicating special needs, and few if any steps are taken to ensure full participation of persons with disabilities. (ibid.:382)

The production of city spaces often involves socio-cultural elements (e.g. perceptions of disabled people) which effectively exclude individuals who have been given the message that they do not belong to the place. For Hall and Imrie (1999:409), the key elements involved in the creation of exclusion from the built environment consist of 'the policies, practices, and values of professionals involved in the design and construction processes'.

Hence, it can be said that creation of the disabling spaces is associated with various forms, which in part influence the political power of disabled people. The important source of oppression is connected to the state institutional policies and practices, which Imrie (1996b:18) notes

tend to reinforce the dependent, powerless, positions of people with disabilities [including the built environmental planning policies which] are never neutral in their socio-distributional effects but have clear, iniquitous impacts which tend to reflect the distribution of power in society.

2.2.4 Spatial oppression

This section explores the ideas that the barriers which are created in the built environment not only physically segregate disabled people. They also constitute the oppressive condition of life for impaired people. Disability is a socio-spatial construct (Kitchin, 1998) and a social experience (Freund, 2001), hence, a mere focus on the political economy (which has been heavily discussed in a strong social model approach) cannot be the only way to explain the spatial exclusion of disabled people. As space is arranged to maintain a non-disabled society, inaccessible space plays a key role as a form of disablist oppression. The space can be understood as a tool to configure impaired people to recognise 'their place' in society. It is necessary to understand how disabled people face barriers in the built environment and how the socio-cultural process produces it. In this regard, Kitchin (ibid.:354) suggests we understand space for disabled people through the approach which integrates

a spatialised political economy with social constructivism. This approach recognises the centrality of power; the multifaceted ways and reasons for the socio-spatial exclusion of disabled people; and the complexity of strategies of domination and resistance.

In addition, Freund (2001:698) further argues that even though a space can be physically accessed by mobility impaired people, they can be oppressed by the segregated organisation underpinned by discriminatory attitudes when they are 'forced to live in different spheres even when in public places (e.g. using paratransit or sitting in the back of the theatre)'.

Absence of disabled people in the spatial process and product

In most part, disabled people are absent as consultants or participants in the design process with the architects or design team (Hall and Imrie, 1999:423). The major elements which hinder the participation of disabled people in the design and practice process can be seen as the result of the little attention paid by design professionals such as architects, designers and planners. Architectural and design practice require awareness that the society has plurality. As Lyndon (in Lifchez, 1987:xii) notes that although architects have become in favour of creating buildings for particular places for particular function, and to some extent for '*specific people*', they are facing a change of trend. Hence, there is need to reconsider their roles in building architecture in society because

[a]rchitecture can be enabling only if architects develop empathy –for the way forces settle to the ground or for how the idealised body stands upright and intact like a column, but for the ways that architecture enters into the lives of people, people we know and love and others for whom we have not yet learned to care.(ibid.)

When disability is distinguished from a mere restriction in impaired bodies, and it is in fact a reciprocal relation between a body and organisation of space, the research methodological approach will be challenged. As Zarb (1995a:27) suggests:

rather than asking questions like how far an individual with a mobility impairment can walk unaided, we are carrying out a national survey designed to measure how much of the existing rail and bus network is accessible to people with different types of impairments.

Users' spatial experiences

People experience their daily lives by the way in which they interact with the social and physical environment around them. The relation of an individual to space is often influenced by the way spaces are socially organised and the way one feels in it (Freund, 2001:698). Moore (2001) depicts how a person can have experiences through daily life by interacting with the spaces and people around them. We may start our day with the sound from an alarm clock, going down the stairs in front of the house to catch a bus to work, study, shop or do other activities. During our journey, we have

joined other members of our families, neighbours, colleagues, or communities. We have already encountered challenging tasks, which we are trying to accomplish, manage, or avoid. For our lifetime, our capacities to cope with the activities of each day determine the quality of our individual life. There is an interplay between human factors and their living environments. As Moore (2001:2.2) notes, our successes or failures are direct results of such interactions between the environment and our abilities, whether physical, psychological, social or financial. All people in the world regardless of differences of ethnicity, religion, culture and geography, share the common need to cope with daily life experience in order to be accepted, have their worth recognised and feel of value to others. People also are very much alike in their basic need of shelter and nourishment. Moore (ibid.) summarises the notion of people who have distinctiveness whilst sharing life experience, as being that *'our distinctions define our uniqueness, our uniqueness defines our commonality'*. In this regard, it is important to recognise the knowledge of daily spatial experiences for different people in the process of creating the built environment.

For Imrie (1996a), day-to-day artefacts, which have taken mere able-bodied people for granted often disregard the distinctiveness and diversity of their society's members. Persons who use wheelchairs, for example, regularly struggle with out-of-reach features, steps, uneven pavements, absence of slope or ramp, and so on. Hastings and Thomas (2005:p.531) echo the point that the creation of an environment that is problematic and inaccessible to any individual depicts those individuals are unable and dependent. For instance, the design of specific standardised items such as toilet features, doors, at one point, can be usable for many people. However, Hall and Imrie (1999:425) find that those elements have made people with a range of different physiological and mental impairment dependent on others to enable them to move around, otherwise, accessing part of a building can be impossible for them.

It is clear that socio-spatial arrangements not only limit the impaired body's spatial experiences, but also influence how an individual experiences the body as well as the level of embodiment. Butler and Bowlby (1997:419) note how experiences in public places hostile for impaired bodies can challenge their sense of security. Although people want their lives to flourish and to enjoy public places, disabled people feel their

bodily presentation open to the gaze of others. In several cases, impaired people encountered the reaction of stares and hostile remarks which Butler and Bowlby (ibid.) called ‘*unacceptable reactions*’ as a result of negotiating with inaccessible facilities in public realms. Hence, such spatial experiences not only alienate individuals with impairment when they have these uncomfortable confrontations, they also consciously internalise the body, they becomes linked to their appearance and feel experienced as an object (Freund, 2001:699). In previous sections, we have seen disability as part of the socio-spatial experience of impaired bodies interacting with spaces which are creations of socio-cultural and political economic process. Thus, when disabled individuals acquire experience in spaces, some can realise their abilities and turn it to resistance against oppressive barriers.

Once people shift focus from their bodies and their capacities, and see such capacities linked to the organisation of the spaces they utilise, their attendant mode of being in space and how they relate to it changes. Resistance then becomes possible (ibid.:701).

It is clear that socio-spatial creation, in most part, has a tendency to reflect the nature of oppression and some forms of power imposed on impaired bodies. In this regard, the key elements for built environmental researchers and professionals, as Gleeson (1996:395) suggests, are participating with the marginalised group ‘*in the political struggle against socio-spatial structures and formations which oppress [so as to] pursue a geography with disabled people*’.

2.3 Resistance theory of disability: embodiment in the built environment

This section focuses on a concept sitting in between disability models particularly at the intersection of material phenomena (which is a focus in the social model) and interpretations of the body and oppression experiences. Such an explanation mainly draws on works of Gabel and Peters’s (2004) and Peters et al.’s (2009) the resistance theories of disability. This concept, to an extent, seeks to bridge the gap of that the social model has been criticised through the poststructuralist perspective that it over prioritises the problem of disability embedded in social structure. To a certain extent

the social model pays less attention on a variety of disability experiences through subjectivity persona. Hence this leads to an argument adding into research approach as Gabel and Peters (2004:589) draw on Shakespeare and Watson that there is required a more holistic account of the social model that acknowledges *'the way in which agency and structure are intrinsically knit together'*.

The section aims to provide key ideas in investigating the process by which disabled people play roles as key agents of change. There are three aspects to adopt the resistance concept in this study. Firstly, it applies to the ways disabled people resist and challenge the meaning assigned to them. This can happen at both micro and macro level. As Sullivan and Munford (1998:191) point out, the individual level lies in challenging dominant practices regarding impaired bodies and the macro level is in respect to opposing and changing the disabling structure. By doing this, they deconstruct the dominant meaning and negative connotation imposed upon them. Secondly, this explains when impaired bodies seek to challenge the dominant notions of capacities and access abilities in negotiating with the public built environments. It occurs within the relationships of daily spatial practice. Finally, the resistance concept argues against the existing assumption that disabled people are a recipient or passive group of the population in social movements.

In the late twentieth century, there has increasingly been research on the impaired body and attempts to make a distinction between impairment and disability. Abberley (1987:14) highlights *'[f]or disabled people the body is the site of oppression, both in form, and in what is done with it'*. He sums up the concept of oppression and resistance as recognising that the social context surrounded disability is a product of history, not as a natural consequence, and asserts the value of disabled modes of living. He adds that this account has a political perspective in the way

it involves the defence and transformation, both material and ideological, of state health and welfare provision as an essential condition of transforming the lives of the vast majority of disabled people. (ibid.:17)

The shift of thought about being disabled, which no longer is only individual impairment or misfortunate, leads to ways the oppressed group can counter those dominant oppressors. The exploration of resistance concepts aims to investigate the

ways disabled people individually and collectively confront, transcend, and change the very oppressive things imposed on them. Peters et al. (2009:544) draw on Finkelstein's argument against the social model to say that this approach is too abstract and fails to provide a tool for social change *'it is insufficient for combating oppression through action'*.

A disabling social system makes the world alien to impaired bodies, hence, as Paterson and Hughes (1999:609) argue, it *'simultaneously produces impairment as an experience'*. Furthermore, they note that the body can be seen in two levels; first, in the biological perspective and second, through the meaning assigned by society. In the first instance, the impaired body experiences real pain and it affects the feeling of self. For example, an individual in a wheelchair may experience backache from spending too much time in a wheelchair, and this pain, to a certain extent, impedes performance. As Freund (2001:699) further explains:

[W]hen tensions occur between body, material artefacts and social material space [e.g. buildings, transport], or when pain, fatigue and difficulties with the body occur, the body becomes present in consciousness and experienced as an object.

In the later social model perspective, the body of the impaired person becomes *'disabled'* when an individual is confronted with inaccessible buildings or transport. In this sense, the circumstance of an impaired person interacting with the built environment can be viewed as a phenomenon rather than the explanation of problems only created by the built environment. Thibodaux (2005:507) notes that disabled people produce their knowledge about the self and their society *'in a social and physical world'*. For Paterson and Hughes (1999:603), embodiment in the built environment is an important approach to explore how people with impairments have socio-spatial experiences and how their world is perceived, *'the 'world' becomes embodied because it is our 'projects' that make it what it is'*. This concept is leading to further resistance against oppression at different levels, either at the individual or broader social realm. Paterson and Hughes (ibid.) suggest that integrating disabled people into the community can be *'the best 'cure' for disabled people'* and recognising disabled people's everyday intercorporeal encounters become wider empowerment for disabled people to *'express themselves'* regarding the norms of society.

2.3.1 Impaired bodies in the lived experience approach

Paterson and Hughes (1999:601) note that we perceive the world through the body which can be the root of all knowledge, *'Our perception of everyday reality depends upon a "lived body", that is a body which simultaneously experiences and creates the world'*. Study on individual lived experience includes understanding of the broader structural components which produce disadvantages for impaired bodies. Daily life activities can be a source of knowledge about how disabled people interact and negotiate with built environments and convey their spatial needs. In this approach, Paterson and Hughes (ibid.) suggest that it is important to highlight the ways society disables people with impairment through the everyday reality of lived experiences rather than structural analysis of its effect on individuals. Drawing on Imrie's perspective about the relationship between impaired bodies and built environment, Paterson and Hughes (ibid.) point out that disabled people *'are 'not merely passive recipients of the built environment, but actively seek to challenge and change it'*. If the social model based on structuralism contends that dependency is not merely a problem stemming from impairment, but is produced by disabling environment, Paterson and Hughes (ibid.:607) argue that *'paternalistic policies and disablist institutions colonise disabled people's life world'*.

In sum, bodies can be seen as a product of the dominant discourse of ideology. Simultaneously, the same body can be a site producing opposition to those oppressive social and physical constructs. For instance, experiences in public places can be perceived by the individual with impairment while negotiating within the built environment. Simultaneously, such impaired body also influence perception of others towards the built environment. In this way of understanding the body as agent resisting and changing physical barriers, impaired people effectively realise their bodies as being the object of those oppressive process and products as well as being a subject to resist it.

2.3.2 Re-constructing spatial experiences

The *'body'* in the poststructuralist perspective exists importantly in a process of *'self-productive activity'*, and the body also acts as *'an agent that produces discourses as well as*

receiving them' (Paterson and Hughes, 1999:598). Paterson and Hughes (ibid.:599) further contend that there is a gap in the dualistic position in discussion of disability. While structuralist scholars view disability as a relationship between impairment and social structure, the poststructuralist position argues that disability must recognise the social origin of impairment. Therefore, problems of disability—which previously concentrated mainly on disabling barriers on the 'outside' of impaired bodies—require *'the social model to embrace a disembodied view of disability and an asocial view of impairment'*.

Disabled people have their spatial experiences in public which have a relationship with power and oppression. Thereby, the process of change can be complex in that it takes place at different levels, locations, and forms (Sullivan and Munford, 1998:191). For Butler and Bowlby (1997:423), self-consciousness about self image plays an important part at the micro level when an individual finds their appearance in public differs from so-called 'normal'. Furthermore, the extent to which the individual copes within the built environment varies depending on *'the nature of their impairment and a host of differing social, economic, and political circumstances'* (ibid.:429). The major struggles which impaired bodies experience often relate to fear of bodily impairment and ignorance of their capabilities, and to a certain extent, they internalise the social experiences of disabled people in public space (ibid.:430).

Imrie (2001:233) highlights the fact that disabled persons experience their impaired bodies through interaction with spatial configurations where one's body is sensitised by the space, or not, *'the (disabled) body can be conceived of as a site and source of (re)production'*. Furthermore, the *'impaired body'* can also be perceived as an agent against social and physical barriers or the *'text'* as *'the site at which power/knowledge is realised'* (Edwards and Imrie, 2003:240). Drawing on Bourdieu's concept of the body as a bearer of value, Edwards and Imrie (ibid.) suggest that we explore the ways by which impaired bodies acquire their capital as a means to resist and change oppressive attitudes and built environmental impediments. Thus, key in investigating impaired bodies in the built environment is understood that

[t]he body and its social location are interrelated, while the management of the body is core to the acquisition can be understood in and through the

habitus [which] seeks to focus on the corporeal, embodied, experiences of everyday life and to understand systems in the (re) production of social inequalities (ibid.:241).

Likewise, according to Thibodaux (2005:507), disabled people experience their 'ways of being in the world' through a habitus which is characterised by ranges of 'personal, physical, social, and environmental factors [which also] create and shape a type of social space' they perceive and live in.

2.3.3 Politicising access issues

Cities make people: urban planning and urban policy, like law and the study of human genetics, are forms of applied social design. Architecture is politics with bricks and mortar, even though architects may envision only aesthetic goals (Beck, 1998:115).

It can be understood that access to public spaces and facilities for people with impairments have become a crucial part of political agendas (Imrie, 1996a). Furthermore, constructions of the physical environment, in many cases, constitute socio-political segregation in the sense that

accessibility is inherently political, cities are literally crippled when members of their population are restricted from reaching their full potential due to inadequate planning and design (Vujakovic and Matthews, 1994:359).

In addition to exclusion by inaccessible spaces for disabled people, they also struggle with the limitations of the distribution of political power: Hastings and Thomas (2005:531) emphasise that access in the built environment motivates people to want to gain opportunities to participate in their economic, social and political activities, to become full members of a polity.

The shift of understanding about disability significantly affects the way (disabled) people rethink their (in) accessibility in the built environment. For instance, Zola (1993) and Morris (1992) point out that disability is not about the personal, but the political. Disabled people have been marginalised through several facets of the social process such as design and construction in the built environment. A building which has only one entrance using steps, for instance, can be seen as a power interplay between the less advantaged (i.e. impaired-bodied people) and their more advantaged counterparts

(i.e. able-bodied people). In this regard, Imrie (1998) has noted that whilst architecture tends to perceive the appearances of the built forms as neutral, it is in fact underpinned by a powerful predominantly ableist notion. Hence, study of the built environment for disabled people needs to politicise access issues in mainstream policy design and practice. Politicisation of physical accessibility for disabled people draws attention to the possibility of socio-spatial arrangement that *'accommodate the widest range of mind-bodies possible'* (Freund, 2001:698).

Furthermore, disability campaigns about access issues require a conceptual development where disabled people individually and collectively act as part of a political movement for social change. In the last three decades, although there has increasingly been research on access for disabled people, Gleeson (2001) points out that there is a limitation in terms of theoretical significance because works have focused mainly on existing policies and regulatory evaluations. Conventional access studies about improving existing access policy are sceptical in terms of their real outcomes that he claims *'may be a deepened sense of cynicism and political exclusion amongst the people they were intended to help'* (ibid.:252).

Gleeson (2001) also highlights the understanding of accessibility in the 're-modernisation' era, in particular, in the new industrialised society. There have been new social movements, led by people with impairments, which demand the creation of accessible institutions and spaces. This force seeks democratic renewal of institutions and awareness of exclusionary spaces. He also suggests *'subversive politics or sub-politic'* (ibid.:259) in politicising access issues into the mainstream political domains. This kind of politics looks at arrangements from the grass roots, and is meant to mobilise access issues by and for disabled people. There is a requirement to consider social movements which are initiated by disabled people. The key elements to be focused on are questions about practical barriers, problems and opportunities connected to disabled people's activities in seeking to influence local authority access policies and practices (Imrie, 1999b).

Despite the fact that human rights legislation has been introduced as reassurance about the emergence of inclusive environments for a broader range of people in recent years, achieving the goals of human rights is still hampered by inaccessible design regardless

of political concern. However, there is increase in self-confidence about individual rights. The approach based on human rights not only consolidates democratic and rights protection for the disability movement, but also constitutes an expansion of politics into the areas of civil and institutional society. This used to be controlled by the notion of impartiality or certitude. As Gleeson (2001:259) emphasises, Ulrich Beck's '*Sub-politics*' that concentrate on the enclosed city has become contested by urban disability activism.

For Gleeson (2001), accessibility study in a city which contains differences requires deeper understanding of socio-political, socio-economic as well as cultural elements. This section also explores an alternative perspective on the implementation of accessibility. Reflecting on the '*subversive politics*' that opposes power controlled by the formal institutions, Gleeson (2001:256) notes that access regulation and policy implementation by government through bureaucratic structure struggled with the unwillingness of '*responsible authorities*'. Furthermore, the enforcement of legislation procedure failed to meet what the law promised. For Imrie and Hall (2001a:335), the legal framework underpinning accessible buildings is potentially a source of disabled people's estrangement or exclusion from the development process. For one reason, it is broad, vague and provides substantial regulation merely for new buildings, while paying little attention to refurbished ones. In a contemporary city, therefore, it is crucial that the different demands of its inhabitants are considered in the decision-making and building process. As Gleeson (ibid.:255) suggests, the urban social movement can create its own political opposition to political constraints which operate by variety of critical forces.

2.3.4 Access movement

Since the existing socio-structural system hardly provides a socio-political platform for people with disadvantage, disabled people and their organisations require social movements against those social and physical barriers. This section also points out one disadvantage of the social model of disability that, at a certain point, it overemphasises the lack of access to material resources. However, there is increasingly a requirement to take the daily life experience of impaired people into account. There are distinctive and diverse requirements of people, even those that fall within the same disability category.

This approach leads to a focus on the roles of disabled individuals and their groups. Social movements, by and for disabled people, can constitute a new way to overturn particular social obstacles to their access requirements.

Samaha (2007:1280) points out that the social movement is the root of the social model of disability. Although the social model has little direct links to shaping policy, within this model disabled people individually and collectively are able to weaken assumptions about disadvantage being a product of nature. Samaha (2007:1308) also suggests that it is important to consider the disability rights movement which *'might choose to confront more effectively the problems of limited resources and competing claims of justice'*.

Increasingly in the social model perspective, struggles about disability have been understood as being rooted in socio-structural restrictions that impede accessibility to those people with impairments. However, this strong social model can be challenged for its implications about contemporary society. This is based on the postmodernist perspective, about which Mullard and Spicker are quoted by Lee (2002:145):

[i]n the postmodern period [...] society has become more fragmented, more diverse, more full of differences [...] Postmodernity can be described as the process which seeks to replace the values of homogeneity and universalism with those of [...] pluralism, variety and ambivalence.

Thus, development of disability issue needs to engage postmodernist theory in building knowledge in disability research. Lee (2002:144) goes on to say that social movements involved with disability issues, both individual and collective, resist the encroachment of bureaucratic systems into everyday life. In addition, it is inevitable that we consider that medical intervention still is an important way for people with impairment to deal with disability conditions, in the lives of impaired people. According to Lee (2002:149):

[n]on-disabled people can relatively easily accept the idea conceptually that 'disabled' people are hugely constrained by an environment that is 'disabling'. Its attractiveness is enhanced also by the fact that the model has been so clearly constructed out of the 'experiences' of disabled people and disseminated by them.

Nevertheless, social movements, initiated by and involving disabled individual or groups are not necessarily a single form of social force. Exploring the production of disadvantage and ways to change it requires the extension of social construction in disability. Samaha (2007:1284) suggests we consider:

the social factors contributing to disadvantage will deepen our understanding of causation and it might illuminate possibilities for action.

Furthermore, the process of removing disabled barriers need not unnecessarily be undertaken a single type of force, where the 'body' effectively acts as the agency. As Paterson and Hughes (1999:601) point out, the new social movement should consider the body as playing the formative role of the locus of action as well as a focus of power.

2.4 Conclusion: from conceptual to operational definition

We have seen that different approaches to disability are reflected in the way the built environment serves, or not, disabled people. For instance, the built environment which was created based on a notion that disability is the personal problem of deviant individuals tends to prioritise able-bodied people's requirements. However, through the resistance approach which emphasises the spatial experiences of disabled individuals views their spatial struggles as not personal but political. Therefore, the daily use of spaces in public realm of disabled individuals has been seen as a form of resistance to the predominant values imposed upon disabled people. This is about a power relationship, which is political. Through the spatial experiences of disabled people, the production of space is not only associated with technology, but also social, political, economic and cultural factors. The social movement by disabled people as a group can be part of resistance and change.

Conceptual frameworks, therefore, are divided into two main themes. Firstly, disability and the built environment are perceived as socio-cultural and political processes and product. The built environment can be perceived as the reflection of the society where it is produced. Thus, understanding disability and accessibility for disabled people in the built environment requires exploration of wider social systems surrounded disability and where the spaces are produced. Secondly, to explain how disabled

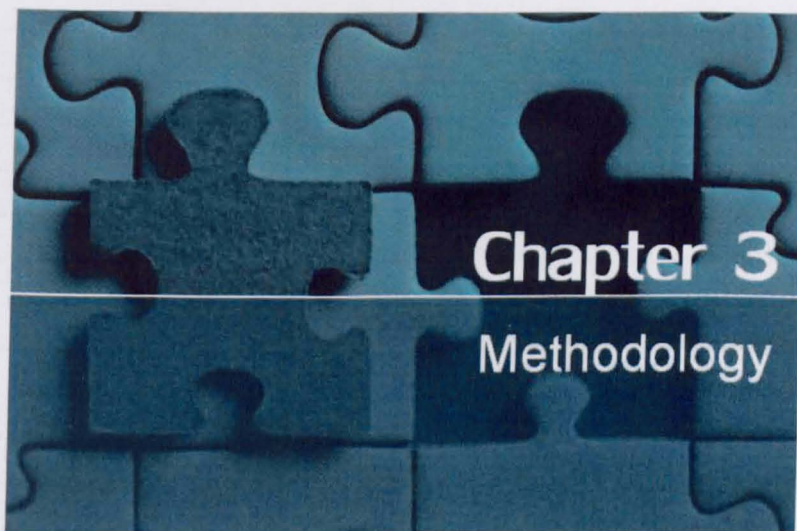
people (individual and collective) negotiate with dominant social and physical impediments, the resistance approach is helpful to understanding. Seeing reproduction of the built environment through the resistance concept constitutes understanding that although disabled people are able to reconstruct their understanding of disability (e.g. through language use), it help to understand the means of changing those very disabling things imposed upon their daily reality. The daily experiences of disabled bodies interacting with the built environment can lead to change and the removal of disabling barriers. In addition, exploring social movements by and for disabled people is also an important angle to understand disabled people as key agents of change. Those conceptual definitions are outlined and used as in the following table.

Table 2.3 Conceptual definition and operational definition of research themes

Conceptual definition	Issue	Operational definition
First theme: understanding of disability influences the creation of (in)accessible built environments		
Social construction of disability	Understanding of disability	
	Individual model	<ul style="list-style-type: none"> - Disability is inherently in the individuals - Disabled people are passive, and dependent
	Social model	<ul style="list-style-type: none"> - Social system and structure are key problems to disabled people's lives - The role of the built environment as a key problem
	Holistic approach	<ul style="list-style-type: none"> - Acknowledges a variety of conditions of impairment - Cultural representation e.g. film, literature, language uses - Definition of disabled persons
Disabling built environment	Perception of space of disabled people	<ul style="list-style-type: none"> - Characteristic of the built environments: barriers to movement, architecture and transport - Meaning of places
Second theme: disabled people have agency in changing their social and physical disabling barriers		
Resistance concept	Lived experience	<ul style="list-style-type: none"> - Experience of impaired bodies - Daily activities, negotiating with physical and social struggles in public places: communicate and educate the public - Self definition of identity

Conceptual definition	Issue	Operational definition
	Social movement	<ul style="list-style-type: none">- Politicising access issue- Role of disabled people in access movement- Strategies in movement

This chapter has charted the key concepts which are necessary in contextualising this study. The methodological approach of this research is in line with engagement with disabled participants which seeks to learn from their experiences in daily life and how they negotiate with social and physical impediments. The operational definitions above will be explored through discussions about method uses in the following chapter.



'It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something.'

Franklin D. Roosevelt (1882 - 1945)

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3 | Methodology

Introduction

There is a need for new spatial research on disability that not only unsettles ableist explanations of social processes and outcomes. But also considers how such knowledge can be used to further political struggles against environments that exclude and marginalise disabled people. (Chouinard quoted in Gleeson, 1999b:66).

This research focuses on how the understanding of disability in Thai society affects the creation of a disabling built environment and how disabled people experience and overcome their socio-spatial barriers. The methodology in this study has been generated from two analytical frameworks, which 1) regard disability and accessibility as constructed social processes and 2) see disabled people as having agency to overcome their disabling barriers. This study used multiple methods, whereby the participatory approach, qualitative interviews and surveys complement one other in providing research data. The participatory approach was adopted in order to pave the way to disability research which empowers its subjects. French and Swain (1997) distinguish participatory and emancipatory research which they note have both distinctive qualities and overlaps. The participatory approach has its roots in the qualitative approach which views research subjects as research participants. The emancipatory approach, which this study seeks to employ in its research strategy, has roots in the Disability Movement. Disabled people take part in agenda setting and in research strategies of which the findings will effectively shape their lives. In so doing, disabled participants must play a role at all stages of the research process (Kitchin, 2000:38; Oliver, 1992:102). Furthermore, the role of the researchers themselves should include engagement in the process of emancipation, rather than merely exploring disabled people's lives from 'sympathetic sidelines' (Stone and Priestley, 1996:703).

Additionally, researchers, with their knowledge and skills should act as facilitators, as Oliver (1997:17) notes:

[...] researchers have to learn how to put their knowledge and skills at the disposal of their research subjects, for them to use in whatever ways they choose.

This chapter is divided into seven sections. It starts by providing an analytical framework according to the two main research themes. The second section discusses planning and designing research procedures. Thirdly, I provide research strategies according to the three research objectives which follow by discussing how data were analysed and validated. The fifth section discusses the ethical issues in carrying out research about disability. Reflection on research methods and tools is provided in the sixth section and the chapter ends with a conclusion.

3.1 Analytical framework

Oliver (1996) points out that the majority of research concerning the lives of disabled people is carried out using the interpretative approach, which does not include the personal experiences of disabled people. To some extent, there has been an absence of articulation about the views of disabled people. Many disabled participants appear as *'passive objects for interviews and observations designed by researchers with no experience or sensitivity to the day-to-day reality of disability'* (ibid.:139). In order to understand the relationship between socio-cultural elements and perceptions of disability, Anderson (2005:255) suggests locating *'the site at which ideas of normalcy and deviance are taken for granted and where representations of truth change'*. Furthermore, accessibility in the built environment must inevitably include the human rights issues of disabled people. To understand rights in accessing the built environment, it is crucial to consider what viewpoint we adopt about people with impairments. Neo-Marxist thinkers (such as Mike Oliver) view disability as a social construct determined by economic capacity: disabled individuals face a disadvantage in terms of capital, because they are labelled as under- or non-productive (Kitchin, 1998:348). In this sense, it is important to include the notions of power underpinning access for the disabled individual and collective groups. Furthermore, employing the concept of human rights, which views people as

having rights to movement and mobility can be a way to eliminate social segregation. This is useful in approaching the knowledge and explanations of inclusive spaces for disabled people.

Additionally, research about the spatial requirements of disabled people needs a deeper qualitative base in socio-cultural and political economic understanding. For Freund (2001), it is misleading to determine the requirements of the population with impairment by '*head counting*', in other words, using a quantitative-based perspective. In part impairment and differences can be said to be the '*normal*' conditions of humanity. In this regard, he adds, '*the kind of benefits and uses that might accrue to non-impaired bodies in such a space are also incalculable*'(ibid.:693).

For Chouinard (1997), in contesting the privileged knowledge of disabling environments, research should go beyond giving 'voice' to the experience of disabled people. She suggests actively sharing research processes which can empower disabled participants because it is '*one of the challenges in building less ableist geographic knowledge*' (ibid.:384). Hence, exploration of the spatial experience of impaired bodies helps to understand ableist power relations. By engaging with disabled people, it provides

illustrations of the disabled body as a site of both oppression and resistance. Interviewees reported feeling uneasy with their own bodies in public spaces, [...] However, they also actively negotiated ableist public spaces; for instance, accepting offers to help even though help was not needed in an effort to ensure that others with disabling differences would be offered assistance in the future (ibid.:386).

The following two sections discuss the frame for the data analysis according to the two themes of the research: disability and accessibility as a social construct; and the process of negotiating and achieving accessible environments that is effected by disabled people through the resistance approach.

3.1.1 Disability and accessibility as a social construct

The first analytical frame is in line with the idea that both disability and accessibility are part of the social process. This conception is associated with the way people critically rethink '*reality*'.

If there are really no such things as 'fact' about the way people are treated, then there is no such thing as discrimination or oppression. [The post-modernist perspective] drives the enforced injustices of social inequality into the personal cupboard of privately experienced suffering. (Oakley quoted in Oliver, 2002:16).

In part, the struggles in the lives of disabled people about access to public spaces have been explored based on the assumption that their causes are 'out there' as an objective reality. However, it is unavoidable that such a 'fact' assumes the presence of a person, the researcher, who 'constructs a reading of the meaning, making process of the people he or she studies' (Wang and Groat, 2002:186). The first theme of the methodological approach is taken from the social constructionist perspective. Writings in disability studies drawing on this approach (Chapter 2.1.2) regard disability and (in)accessibility for disabled people as parts of a social process. In addition, disability is the result of a disabling environment. This approach contributes to investigations of significant elements such as attitudes toward disability, and other socio-cultural, socio-politico-cultural and socio-economic factors. It also suggests exploring cultural representation and the wider social system in which disability and (in)accessibility are located. Within this approach, an investigation of the understanding of disability draws on Lutz and Bowers (2005) through three aspects: a) the effects of disabling conditions, b) others' perceptions of disability, and c) the needs of and uses of resources.

Recently Reid-Cunningham and Fleming (2009:10) note that research approaches have paid little attention to any need for comprehensiveness when looking at how disability issues relate to other areas, such as social environments. In this regard, Taub *et al.* (2009:213) also suggest that the topics relevant to disabling barriers of unequal access and built environment issues should be combined with social attitudes towards people with impairments. This information can be gained from mass media such as newspaper articles, television, radio, and so on.

Furthermore, as discussed in Chapter 2.3.3, disability is about the power relationship between the advantaged and the disadvantaged. The research project can actively seek to empower disabled people, by taking seriously the concept that 'knowledge is power' (Kitchin, 2000:44), thus opening a platform for knowledge of disabled people in the academic realm. This can be done through engagement with disabled participants, and

also through *'the formation of strong links between academic theorists, disabled people and 'on-the-ground' activists'* (ibid.).

This can be summed up in the notion that to deepen understanding of the accessibility problems of disabled people, it is important that an investigation should bring socio-cultural and socio-political elements into the analysis. Additionally, the knowledge of disabled people as having experienced such socially-created barriers should be central to the research process.

3.1.2 The resistance approach: disabled people are agents of change

In the problem statement (Chapter 1.1), it was noted that there have been a number of access studies in Thailand that are heavily focused on law implementation and design guidelines (such as Kutintara *et al.*, 2010; Kulachon and Dankittikul, 2005; Kutintara, 2002; Kabinlikkawanit, 1998; Kutintara, 1997). The solutions to achieving an accessible built environment in such research orientations tend to be as seen through the eyes of policy makers and authorised actors. While there has been debate as to whether the social model is the best way to include disabled people in research about disability, the bio-medical and functional approach continues to be the main basis of disability studies (Dewsbury *et al.*, 2004; Shakespeare and Watson, 2002). Perhaps the lived experience approach may be considered as a research approach that brings together the individual and social models of disability. In the lived experience approach, where self-perception about disability is conveyed through a subjective perspective, this can reflect how external conditions have shaped individuals' perceptions of disability. The *'subjective experience'*, as it was called in the interpretivist perspective – whereby it is held that reality is socially constructed and fluid – is the key component in understanding what are elements that facilitate or hinder disabled people to cope with the disadvantages that affect their wellbeing. As Crow (1992) contends, although disabled people have been oppressed by external barriers, their experiences from a subjective viewpoint are an integral part of their everyday reality. Having acknowledged and integrated the experience of impairment, the researcher should subsequently acknowledge the capacity of both individuals, and disabled people collectively, to work against disability.

In Thailand, the actors who have been charged with addressing inaccessibility problems such as policy makers, authorities, designers and builders, are often without any personal experience of disability. This is problematical because it may lead to removing disabled people's lived experience from research agendas (Imrie, 1996). Disabled people's spatial requirements are frequently set aside or perceived as a mere source of information in solution strategies or research projects. The role of the disabled person is often cast as that of the passive recipient, such as in the process of policy implementation or in designs to overcome physical barriers. Consequently, *'more and more disabled people are refusing to participate in research over which they have no control and which they regard as likely to further their oppression'* (Oliver, 1990b:9).

Therefore, it is a requirement that the research method should include participants' spatial experience. For instance, by including in-depth interviews, researchers and participants are able to articulate and listen to one another's points of view about disability. By participating with research informants, Singal (2010:422) adds that this method provides the opportunity to focus on *'listening to research participants, who are the real experts in knowing their situations'*. The lived experience approach is helpful in deepening understanding of the key social attributes, such as opinions about inaccessible spaces, about the practices of state authorities, and about disabled people. Such variables require knowledge from people with direct experience. This empirical approach is, however, a considerable challenge in a context where the data sources are inadequate or absent, or difficult to access, and/or deliberately distorted for the purposes of competitive advantage (Healey and Barrett, 1990:99).

3.2 Definition of terms

This section provides the definition of two key phrases used in this study. This is crucial to note language use because the way we use the word 'disability' shows the way we understand disabled people and the built environment. The first phrase defines participants with impairment in the study as *'disabled people'*. The second one refers to the (physical) scope of the research as being *'accessibility in the built environment and the public realm'*. McEwan and Butler (2007) note that disability is a socio-cultural construction. Furthermore, disability does not necessary mean the same

thing across different cultures (e.g. in Africa the word implies some animals, in Chinese it denotes rubbish). Also it is dynamic over time. Understanding, meaning, even the social position of disabled people, particularly in the industrialised context, has changed according to transformations in the social, cultural, economic and political environments.

3.2.1 'Disabled People' not 'People with Disabilities'

It is very difficult to achieve a core definition of 'disabled people', because it is not clear who counts as disabled or not. [...] different societies treat particular groups of people with impairments in different ways. For example, in the medieval period, being unable to read was not a problem, because social processes did not demand literacy: learning difficulties only became salient and visible once a complex social order required literate workers and citizens (Shakespeare and Watson, 2002:28).

In contemporary social sciences, concepts of 'disability' and definitions of 'disabled people' have complex consequences for disability research. Grönvik (2008) affirms that the differences in defining the disability concept in research affects its different procedures and outcomes. The self-perception of disability also defines how a person perceives his/her disability in daily life. Lutz and Bowers (2005:1037) add that 'disability' has a multifaceted, complex experience of how disabled people to perceive themselves. The perception is integrated by three factors: a) the effects from the disabling condition, b) others' perceptions of disability, and c) the needs for and use of resources. Defining 'disability' from the perspective of either society or persons with disabilities leads to complexities of inquiries and explanation. This issue is emerging at the same time as the status of disabled people has shifted in society, where it has been dramatically changing. While the research protocol was being shaped, Thailand enacted the term of 'Kon-pigarn' or 'disabled person' as it was defined in the Rehabilitation Act: Access to Public Spaces for Disabled Persons and the Elderly People Regulation 2001 (Thailand Government Gazette, 2001), which was defined according to medical terms⁵.

⁵ It classified 'Kon Pi-garn' into five categories according to the types of impairment

Source: DREDF-Disability Right Education and Defense Fund (2006) International law [Online]. Available at: <http://www.dredf.org/international/thailand.html> (Accessed: January 2007).

This study uses 'disabled people' regardless of the different impairments of individuals. Additionally, this research's conceptual framework is based on the social construction concept. It investigates the socio-spatial elements which affect the ability of individuals to access physical spaces. Hence, this work avoids categorising a person by their impairments. Likewise, the main aim of this study is to explain socio-cultural and socio-political variables in achieving spatial accessibility rather than evaluate the existing access laws for disabled people. Thus, this research locates the way to define disability in how the research participants describe themselves, in particular, based on their abilities in interacting with physical environment.

In addition, this research entirely supports the concept of '*People First Language*' (Snow, 2008) of '*Person with Disabilities*' in the sense of much more humanity and equal rights. However, the analysis of this study is based on the notion that spatial and disablement terms are constructed in some forms of social processes and product. Such barriers are imposed upon impaired people. As discussed in Chapter 1: A note on terminology, I adopt Gleeson's (1999:9) position in using '*disabled people*' with its connotation of political power because it places emphasis on how society oppresses people with a whole range of impairments, although '*people with disabilities*' is now in common terminological use.

This study, therefore, uses the term '*disabled people*' in referring to people whose abilities are limited or disabled by socio-spatial product. Disabled people in this study include no reference to types of physical or mental impairment, age, or gender-specificity. On account of the main discipline of this research, it is based on built environmental studies. It is primarily about '*physical disabilities*'. The conceptual framework is also underpinned by the spatial theoretical domain. Hence, the scenario and participants of this study paid attention to people with mobility limitation and visual impairment, rather than with intellectual or learning difficulties. The majority of research participants were people who struggle in accessing and/or using physical features in their daily live. In accordance with the existing social movement, it has paid little attention to the experience of the elderly groups in mobilising this issue. Therefore, this study places the primary focus only on disabled people groups.

3.2.2 ‘Accessibility in the built environment’ and ‘the public realm’

Often, when presenting the research proposal in a seminar, some audiences questioned whether the research specifies a certain kind of space for disabled people; whether or not those spaces are arranged in particular kinds of buildings, or transportation; whether these are public or private. This work is based on the notion of seeing accessibility as a basic human right and needs. Therefore, the scope of this study focus is deliberately defined as non-specific. The spaces referred to are of all kinds of the built environment including places, buildings, facilities, services, and transport, where disabled people wish to visit or to utilise.

Nevertheless, by participating with disabled participants at the early stage of the research, it was crucial to centre on the public realm rather than a residential space. There have been works focused on specific places for disabled people such as the home, and specific places like the school, health centre or hospital. In fact, the spatial requirements of disabled people are no different from those of others. They have the same demand to visit all kind of spaces where those are part of their daily lives, such as the shopping mall or other recreation places. In this regard, the definition of terms of spaces in this study refers to accessibility in the public built environment or public realms which cover and respond to disabled people’s daily life spatial requirements.

3.3 Research planning and design

At the early stage of this research, concurrently with the literature review, I went back to Thailand for a preliminary survey. The conceptual framework and methodology of the research were refined. I arranged a preliminary meeting with the leader of the disabled people’s self-help organisation, ‘The Disabled People International Asia and the Pacific’ (DPI-AP) which is a non-governmental organisation of disabled people. In addition, this preliminary conversation helped me to introduce myself as a non-disabled person who was interested in accessibility for disabled people. The initial discussion can be seen as a way to break down social barriers between the interviewer and the interviewee (Barnes, 1992:122). I took part in a week-long training project initiated by ‘The Asia-Pacific Development Centre on Disability’ or APCD. This is a

semi-governmental organisation for disabled people. While I was navigating around the city with the group, I held informal conversations with some of the disabled participants, in order to generate ideas about access constraints and the role of disabled groups regarding access issues.

Unfortunately, the activity of this project was interrupted by political turmoil and Emergency Rule was imposed after a further coup in the middle of September 2006. APCD cancelled the last two days of the city access audit. I then arranged another preliminary interview in more depth with local participants with impairments. Apart from general discussions with disabled activists, I conducted a field survey using photographic data about (in)accessible elements in public places in Bangkok. This experience provided the realisation that the research plan should be flexible and that it is important to adapt plans to take account of unexpected situations.

3.3.1 Pilot study

A pilot study that explored the possibility of research participants and agendas was conducted in the second year of this research project. There were three key lessons learnt from it: it was useful in framing the research protocol; in developing the questions for interview; and in expanding the number of research participants. At this stage, my research theme was mainly influenced by the thoughts of disabled activists, specifically the DPI leader. I intended to explore more about the role of disabled people's organisations in campaigning for access. Regrettably, the leader of the DPI passed away as a result of an acute disease. The uncertain situation of the status of the DPI and their approach to access issues affected this research theme, as it was not clear whether the role of this pressure group would remain the same. This situation led me to amend my research approach so that it did not focus on the role of disabled people and their organisations alone.

The pilot study provided an opportunity to test out questions and determine whether they needed modification. Conducting the interview with a variety of participants at the beginning is helpful to provide the interviewer with insights on how the questions can be improved (Teijlingen and Hundley, 2001:2). As Hoepfl (1997:52) notes, the flexible nature of a qualitative research strategy helps us to exclude some questions the

research has found unproductive. For this research, the pilot study helped to develop the approach taken for photographic data collection and multiple-choice questionnaire design. In addition, I was able to manage the time spent on important issues during the interviews. It is crucial to give an estimate of the likely duration of the interview, when requesting permission and cooperation from research participants. I informed the prospective participants that the interview would last between one and two hours. After testing the interview themes with a state official, a disabled activist, and an active member of a disabled people's organisation, I realised that the topics were too strictly delimited within the agendas I had planned. The conversations were dominated by my guided questions, rather than allowing the interviewees to articulate their own views. Moreover, the semi-structured questions contained issues which were too complex and needed to be broken down into different and shorter questions. This not only increased the length of the interviews, it also took them further away from the informants' interests.

By taking part in a city survey which was part of the DPI's workshop with international disabled participants, I met access activists. They introduced me to a project for accessible facilities which was initiated by a non-disabled person. It was an opportunity to include a case study about the access movement and daily life experience within this study. I was also, furthermore, introduced to other disability activists and their network by mean of the snowball-sampling technique, which will be discussed in the next section.

3.3.2 Snowball sampling

One of the aims of this study has been to explore socio-cultural elements that affect understandings of disability and the achievement of accessibility by disabled people. Thus, the intention was to interview a variety of people with a range of impairment experiences. This study initially employed a sampling technique known as the 'snowball strategy' or 'chain referral'. This offered the practical advantage of expanding the range of research participants. It facilitated exploration in qualitative research, in particular through interviews (Atkinson and Flint, 2001).

In attempting to reach the research participants, I started by contacting the leader of the disabled people's organisation, DPI. When a name from the list given by this initial contact had been approached to introduce my research interest, and myself, I then requested of the respondent if she/he could refer me on to other participants. Within the network of the DPI, I got to know the person (he is a non-disabled person) who initiated an accessible footpath project. The research participants expanded when email addresses and telephone numbers were circulated and exchanged during the activity. In some cases, a participant would mention other people with whom she/he disagreed. Although it seemed impossible for a participant to refer me on to someone whom she/he disagreed with, it was useful to know from whom I could gain further different views about the same issue. The limitations of the chain referral approach also influenced this research agenda, because much of the in-depth information was gained from disabled people who live in urban settings. This situation potentially provided opportunities merely for leading figures, that is, active members of disabled people's organisations. The agenda thus might be to some degree biased because it included too few testimonies from ordinary disabled people. Nevertheless, a concomitant advantage is that these activists are practised in articulating their requirements.

In addition, the snowballing technique is helpful for accessing hard-to-reach informants. In the course of this involvement with the access movement, I was informed by the project initiator that there was an important person willing to participate in the project. It was a sister of the current Prime Minister who had a relationship with the project initiator as a family friend. Through this, I realised that she has a mobility difficulty and uses a wheelchair. I requested that the project initiator should inform this woman about my work and I forwarded my interview topics. When employing chain referral, the researcher needs to build up trust with the initial participants as well as with others who can participate in the research. Access to either the sister of the Prime Minister or to a squatter in an informal settlement would be likely to be valuable for this research. Both hard-to-reach participants demanded a high level of trust when the researcher was a non-disabled stranger. In this sense both the upper end of society and the lower rungs can be vulnerable with regard to the information they give as participants in the research.

3.3.3 Using multiple methods

The key aims of this study are to explore how disabled people struggle within their social lives and the role key social structures and specific agencies play within the process of making places. Therefore, multiple methods have been adopted to achieve an understanding of disability and accessibility within broader society. The advantage of this multiple method approach is that the strength of each strand within the research design can complement the others (Wang and Groat, 2002:365). Likewise, Hartley and Muhit (2003:105) note that the strategy as such has a complementary purpose rather than a competitive one. Those key benefits include firstly '*convergence*' or what is also called '*triangulation*' (Gaber and Gaber, 2004:228; Jick, 1979). This is adopted in this study to combine information about disability drawn from in-depth interviews with data gathered from a wider range of participants by a postal survey. This means focusing on different dimensions in order to analyse the same phenomenon (Amaratunga *et al.*, 2002:23).

Another reason for using a multiple-method approach is '*complementarity*'. It helps to enrich the understanding of a particular situation (Gaber and Gaber, 2004:228-229). In investigating the access constraints of disabled people in public spaces, I conducted an access audit using snapshot photography, and also an online survey based on a quantitative approach. However, these methods have a tendency to capture a situation at a specific moment in time (Amaratunga *et al.*, 2002:23). The final merit of the method-integrated approach is '*initiation*'. It aims to discover new interpretative areas for further exploration and so develop new ways of thinking about the problem (Gaber and Gaber, 2004:229; Amaratunga *et al.*, 2002:23). While quantitative methods deliver statistical data that can be subjected to analysis in order to determine the correlation between two measurable variables in a phenomenon, their qualitative counterpart is able to investigate subjective meanings within a culture, including understandings, attitudes and beliefs.

Furthermore, this mixture of methods was used in order to increase the breadth of research participants. I have never had the experience of disability. Therefore, this study has used multiple methods in order to draw in a broad range of disability experiences. The interviews and observation were intended to be a means to enable

accessibility for a particular group of informants. In this sense, the information depended on their personal experience and knowledge. For instance, some disabled people have been trained to work based on the social model perspective, while some have not been so. Likewise, some people have extrovert or outdoor personalities. Therefore, public places tend to fail to meet their demands for accessibility. Whereas their counterparts with more introverted personalities feel more comfortable in basing their daily activities at home. The spatial requirements for public facilities differ between such personalities, even though they live with the same kinds of impairments. In this regard, surveys, both postal and online, sought to access a wider range of disability experience. They aimed to explore the extent to which someone is confined within a house due to their own choice, or due to the hostility of public built environments.

Furthermore, I sought to learn from disabled participants as the experts in all factors that affect and shape their lives. I involved disabled participants when framing the research focus for the preliminary study. The research direction was altered because of contacts with those participants. I had initially chosen to use access audits to explore spatial struggles in public places. However, disabled participants suggested that they would prefer to present their ways of coping with spatial constraints on a day-to-day basis. The research, therefore, included the lived experience approach in exploring the ways disabled people negotiate their social and physical barriers. Several accounts gained from field study were sent to participants by email in order to shape the direction of analysis.

I took the role of researcher to be that of '*observer as participant*'. According to Barnes (1992:117), this relates to the interviewing process and the relationship between the researcher and participants (highlighted in the Table 3.1). This role is distinct from that of '*participant observer*', where the former, researchers take part in the activities of research participants over a certain period of time. The account of Barnes (ibid.), who spent six months as a participant observer in a day-care centre gives a good example of that position. When taking part as an '*observer as participant*', the researcher may not participate throughout the whole process of activities carried out by the interviewees. Within this role, I visited the participants from one to over ten times, and the

discussions centred on both semi-structured and unstructured questions. The research participants were informed that their behaviour and opinions would be recorded, analysed and published. In some cases, my presence significantly influenced the research data.

Table 3.1 Types of participant observation

Participant observation	Strategy
Complete participant	The researchers conceal their true purpose by becoming fully fledged members of the group being studied for a considerable period of time.
Participant as observer	Both the researcher and the researched are aware of the fieldwork relationship. The people who are being studied are fully aware of the researcher's true purpose.
Observer as participant	Relates to the researcher's role during the interviewing process. This might involve occasional visit interviews in which the discussions may be structured, semi-structured or unstructured.
Complete observer	Refers to the situation where the researcher is insulated from any social contact with the people being studied.

Source: Barnes (1992)

The use of multiple methods in this study is described in the following table.

Table 3.2 The use of the multiple-method approach

Issues	Method approach	
	Qualitative	Quantitative
Understanding of disability and accessibility (Chapter 5)	<ul style="list-style-type: none"> - Interviews (Semi-structured questions) - Secondary source e.g. literature, popular media, film, web 	Postal survey
Access constraints and requirements (Chapter 6)	<ul style="list-style-type: none"> - Interviews (Semi-structured questions) - Participatory: access audit/snapshot photography 	Online survey
Disabled people are actors of change in the process of achieving accessible facilities (Chapter 7)	<ul style="list-style-type: none"> - Observer as a participant in the access movement - Interviews (Semi-structured questions) 	Online survey
Lived experience of disabled individuals (Chapter 8)	<ul style="list-style-type: none"> - Observer as a participant in the daily life activities of one disabled participant - Interview (unstructured questions) 	-

3.4 Research strategies and tools

This research adopted multiple methods from a variety of research methodological approaches that comprised: qualitative research through in-depth interviewing; quantitative research through postal and online survey; and participatory research through the ‘observer as participant’ method. The information from the interviews was integrated with information from the postal survey in order to explore deeper understandings of disabled people. The postal survey aimed to explore the understanding of disability in Thai society. In addition, I also carried out an online survey and an access audit in order to complement the information from field observation regarding the access needs of disabled people. The observer as participant was conducted alongside group and individual interviews to find out the social elements necessary to achieve accessible built environments. The development of the method used was in accordance with the research themes and objectives. They are set out in Table 3.3 below.

Table 3.3 Research themes and methods used

Themes/Objectives	Issues	Methods
Theme 1: Disability and accessibility as a social construct		
Objective: To explore the understandings of disability that influence the creation of built environments and accessibility for disabled people	Cultural representation e.g. film, literature, language uses, definition of disabled persons Self-perception of disabled people	Secondary data Interview
	Social system e.g. religious interpretation, belief about disability	In-depth interview Postal survey
	Acknowledgment of access law Cause of disability	
	Influence of socio-political culture on creating accessible facilities	Secondary data In-depth interview
To explore spatial constraints and needs of disabled people	Characteristics of the built environment: barriers to movement, architecture and transport	In-depth interview Online survey Access audit Observer as participant

Themes/Objectives	Issues	Methods
Theme II: Resistance to the disabling environment		
Objective: To investigate the process of achieving an accessible built environment	<u>Collective movement:</u> Politicising access issues Role in access movement Strategies in the movement <u>Individual:</u> Daily activities in public places and negotiating with physical and social struggles	In-depth interview Observer as participant

The participants'⁶ details according to the research themes and methods are provided in the following table.

Table 3.4 Information of research participants

Methods	Themes		
	Understanding of disability (Chapter 5)	Access constraints and requirements (Chapter 6)	Process of achieving accessible built environments
In-depth interviews	Disabled people: 12 males, 11 females Disability law committees: 3 males, 2 females Design academics/practices: 8 males, 2 females Medical professional: 1 female Media: 1 male, 2 females Ordinary people(non-disabled): 9 males, 3 females		Collective process (Chapter 7): 10 disabled people, 7 non-disabled people Individual experience (Chapter 8): 1 female wheelchair user
Observer as participant	-	(access audit) 3 wheelchair users and 1 blind person	
Postal disability survey	169 respondents: 39% have a disabled family member, 50% do not have a disabled member, and 11% are not sure if they have a disabled family member	-	-
Online survey	-	(Access needs)	(Access movement)

⁶ The table above aims to chart which group of participants were involved using which methods. For some methods, therefore, the same people took part several times. For instance, disabled participants who were involved in the in-depth interviews can include people who took part in the access audit.

Methods	Themes		
	Understanding of disability (Chapter 5)	Access constraints and requirements (Chapter 6)	Process of achieving accessible built environments
		55 disabled respondents: 80% have mobility impairment, 9% visual impairment and 11% hearing impairment	46 respondents: disabled people 52.2%, non-disabled people 47.8%

3.4.1 Explore understanding of disability and accessibility

The first strategy aimed to explore the societal understandings of disability in influencing the creation of the built environment and accessibility for disabled people. The key variables consist of: cultural representations in the popular media, literature, films, definitions of disability, and so on. In discovering those variables, I interviewed 23 disabled participants and 31 non-disabled informants (see Table 3.4) and conducted a postal survey by sending out 740 postal questionnaires nationwide.

Interview on understandings about disability and accessibility

The key aim of the interviews was to make the participants’ experiences visible and bring their voices to the academic arena. There were three groups of interviewees. The first group I interviewed were people with different kinds of impairment: wheelchair users, persons with visual impairments, a person who was hard-of-hearing, and people who had a disabled family member. The second group consisted of activists who were involved with disability issues such as disability NGO staff, health-care professionals, state officials, media workers, and law committee members. In this group I interviewed a medical professional in a rehabilitation centre, a social worker who worked with children with learning disabilities in a rural area, the members of a disability law committee, a senator who worked with an NGO on HIV, the active members of disabled people’s organisations, journalists who have written about the lives of disabled people in the city, State officials who worked in the Bangkok Public Works Department, and a provincial politician who initiated the Liveable Village project for disabled people in a rural area. In the third group, I interviewed people who were unlikely to have experience of, or have indirect involvement with, disability. They

were spatial practitioners and academics, such as university lecturers and design professionals in the areas of architecture, product design, and planning. I also interviewed a factory owner, entrepreneurs and a taxi driver.

After three preliminary discussions with one non-disabled and two disabled participants, the guided questions were improved, shortened and finalised. This provided more space for the unstructured conversations. As Williams (2003:246) points out, the unstructured interview is useful, in particular for exploring people's attitudes and beliefs in depth as well as delivering insight into some of the reasons behind their behaviour. The following guided questions, in particular about 'Personal background' and 'Perception about disability' were appropriated from Oliver's alternative research questions in the social model (1990a:7). These guided questions are categorised according to three issues, as shown in the table below.

Table 3.5 Guided questions for interviews with the participants in the first two groups

Issues	Variables	Guided questions
Personal Background	Life/work	<ul style="list-style-type: none"> - What kind of things/activities do you do in daily life or for a living? - What kind of involvement do you have with disability issues: movements, work, and organisations?
	Experience with disablement	<ul style="list-style-type: none"> - What does 'Pi-garn' (disability) mean to you? - Can you share any experiences about 'disability or disabled persons'? - Has anyone in your family/workplace been considered as disabled?
Attitude/understanding of disability	Defining disabled person and disability	<ul style="list-style-type: none"> - What are the ideas you think about when you hear the word 'Kon Pi-garn' (disabled person)? - How would you define disability and a disabled person?
	Self-perception/Self-actualisation [disabled participants]	<ul style="list-style-type: none"> - What is your experience of how people think about disabled people? - Can you share views about your personal abilities and disabilities? - What do you think the 'rights' of disabled people might be?
	Cultural representation within society, community/ through	<ul style="list-style-type: none"> - What might be the cause of disability? - What has been your experience of prejudice,

Issues	Variables	Guided questions
	religious interpretations/ media, television, films, and the like	discrimination, and oppression? Use of words for disabled people? - Do you have a notable experience(s) to recount? - Do you notice any changes in how people react or treat you, since you have had a disability?
Views about social factors and their effect on accessibility for disabled people	<ul style="list-style-type: none">- Gaps of law implementation- Factors affecting the development of disability and access issues/ socio-political, socio-economic, socio-cultural	<ul style="list-style-type: none">- Can you explain why the access law fail to meet its promise?- Have you been involved with disability movements/ campaigns/ demonstrations/ protests?- Who did you meet or believe should be the critical actor in campaigns?- What do you think about the role of the government/state?- What are the strength and weakness points of disabled people's organisations?- What might be the strong and weak points of Thai society and disability issues?

Postal survey of perceptions about disability

As inaccessible features either inside or outside houses have entrapped the majority of disabled people, the strand of the research that consisted of questionnaires posted to individual residents aimed to include wider participation. The key issues from individual and group interviews were used to identify topics for the questionnaires through thematic analysis. This analysis focused on repetitive statements, which indicated the ideas that are particularly salient to the respondents (Weitzman and Levkoff, 2000:199). A total of ten multiple-choice questions were categorised into three parts. The topics were derived from the information gathered through the semi-structured interviews.

The first theme in the questionnaire concerned personal background, perceptions, and attitudes toward disability. The multiple choices on attitude questions were arranged in an adapted form of the Likert Attitude Scale (Roberts *et al.*, 1999:214). The questions about perceptions of the causes of disability, and options suggesting a range of degree of agreement and disagreement regarding negative opinions enabled the respondents to indicate how much they agree with the given choices on topics derived from the

interviews. Although the traditional options of a Likert scale are provided through a 5-point range of responses, Achyar (2008) notes that the mid-point within the odd-numbered range tends to create confusion, such as whether it can be interpreted as a neutral response or as representing agreement or disagreement with either side of the choice. I also have experience from previous research where respondents tended to tick the middle option to show a neutral opinion and thus ignore the issues provided. Therefore, to avoid allowing an option of neutrality on questions that aimed to explore people's opinions, the options are provided across an even range.

A4) In your view: what might be the cause of disability?	Strongly agree	Agree	Disagree	Strongly disagree
Disease/ impairments/physical and psychological deviance				
Lack or unavailability of good health care/ poor treatment				
Poverty/ remoteness from fundamental facilities and services				
Result of sin/ the fault of a past or last life				
The incautious/ less careful acts of the self or others				

Figure 3.1 An example of a question from the postal survey

The second theme explored awareness of disability issues, disabled people's organisations and the constraints faced by disabled people. The final theme concerned awareness and acknowledgement of access policy. This theme also included views on the role of key actors who deal with disability development. One-page questionnaires were posted to 740⁷ households and disabled people's groups/organisations. They were sent to identifiable addresses across 75 provinces in Thailand. The postal addresses were derived from lists of individuals or organisations associated with disability work. The majority of addresses were gained from online-databases which listed disabled members who registered for state subsidies as well as from provincial disability registration lists (such as APDI, 2007; CAO-Nakornrachasima, 2007). The rest

⁷ The number of questionnaires is calculated as approximately 0.0001 percent of the Thai population of 63 million people. Source: National Statistical Office, Thailand (2005) *Population over 15 years of age by region* [Online]. Available at: http://service.nso.go.th/nso/nso_center/project/table/file_form.jsp?pro_code=S-cultural&year=2548 (Accessed: September 2007).

of the addresses were gained from the telephone directory for the inhabitants of each province. The postal survey was undertaken with 0.0001 percent of the Thai population. The proportional number of addresses selected for the questionnaire mail out was gained from the size of the registered population of each province. For example, 30 questionnaires were sent to a large province, *Nakorn-rachasima*, which has approximately 2,600,000 inhabitants (Ministry of Public Health, 2007). Only five questionnaires were sent to the smaller population of *Prae Province* (approximately 460,000 inhabitants). Four months after the questionnaires were sent out, a total of 169 usable responses were returned, with a response rate of 22.8 percent. According to Williams (2003:250), an acceptable rate of response might be 20 percent. Nevertheless, the response rate of 22.8 percent was not used as the sole source on which to base the understanding of disability of the Thai population as a whole. Rather, the data from the postal survey complemented and strengthened information from interviews.

3.4.2 Investigation of spatial constraints and needs of disabled people

The second plan of action was to explore spatial constraints and the needs of disabled people. This strategy was influenced by the concept of spatial oppression (Chapter 2.2.4), drawing on the view that physical barriers also constitute social constraints. According to Gleeson’s (1998) forms of disabling space, the physical barriers were explored as they physically limited disabled people’s ability to move, enter and use buildings and access transport. Such forms of space were also explored through disabled people’s spatial experience, using in-depth interviews, access audits, and an online survey.

Table 3.6 Guided questions for individual and group interviews with disabled participants

Issues	Keywords	Guided questions
Personal Background	Impairments/ difficulties/ period of being disabled	- How would you describe your disability? - Do you think you have any limitation or disability in daily life? - How long have you been disabled? [if the disability is an acquired one]
	Household setting: distance from public facilities and services	- Where do you live? - What kind of transportation do you normally use?

Issues	Keywords	Guided questions
		<ul style="list-style-type: none"> - Is there available/adequate accessible public transport around where you live/work? - What is your experience of those facilities? [if any available]
	Daily activities	<ul style="list-style-type: none"> - Do you have employment/work/study? [at home or away] - Do you need someone to go with you [escort/assist]?
The needs and constraints of accessibility in public places and services	<ul style="list-style-type: none"> - Desired/required places to go, accessible features - Barriers/obstacles in spaces 	<ul style="list-style-type: none"> - Can you tell me about your experience when going out in public places? - What features/elements you think can help when going out and using public places? - Where do you usually go? - Are there any places you want to go, but they hinder/obstruct you? Where? and Why?
	Adaptation of spatial behaviour: need assistance/ call in advance/use special services	<ul style="list-style-type: none"> - Do you need to prepare before your trip/going out? - How do you manage when faced with barriers/difficulties when moving around?
	Opinions/feelings towards existing access to facilities and services	<ul style="list-style-type: none"> - How do you feel about available features: warning blocks/guided block/lift/slope/ramp/Braille, etc.? - Do you find the pedestrian areas around your house are useable for you? - Can you share your experiences of them (easy or difficult)?
Views of accessibility for disabled people	Views on rights of access	<ul style="list-style-type: none"> - Should disabled people be able to go everywhere? If not, then why? - What kinds of places do you think that disabled people need to go/access?
	Acknowledgement/ awareness of access laws/policies/regulations	<ul style="list-style-type: none"> - Have you heard about laws/policies for disabled people? - What do you think about the access policy/law? - Can you give some examples of policy/law you are familiar with? (if any) - What do you think are the problems/factors when the law is not observed?
	Critical actors: State/ Private sector/ Elites/ Media/Educators	<ul style="list-style-type: none"> - Who should take the role in providing/creating accessible features for disabled people? - In your view, what should be the role of the state?

Another method used to research this issue was an access audit with disabled representatives. It was conducted after gaining key information about the actual constraints and needs in the built environment for the access of disabled participants.

Access audit of spatial constraints and needs

This strategy drew on the social model approach which determines disability as a consequence of attitudinal as well as physical factors and barriers in society (Lewis *et al.*, 2004:3). Additionally, it locates the causes of disability as arising from the economic, political and cultural barriers encountered by people with impairments (Oliver, 1990 in (Race *et al.*, 2005:514). This access audit focused on the role of physical barriers which discriminate against disabled people. In investigating spatial constraints and the needs of disabled people, the access audit was employed in public places. Inner Bangkok was chosen because this setting contains several accessible facilities as prescribed in the access laws, such as lifts to elevated-train platforms, guided blocks on footpaths for blind people, and slopes at the kerb ends. I was the 'observer as participant' and the volunteers with visual and mobility impairment used these facilities. Two wheelchair users and one blind person took part in this audit.

Prior to arranging the environmental barrier audit, I reviewed access legislation and regulation. This study also adapted the Access to Services Audit tool of the JMU Access Partnership (Lewis *et al.*, 2004). The survey was conducted by using snapshot measurement (Lewis *et al.*, 2004:4-6). This method is used to identify the major physical barriers in the following order: review of access regulation and code of practice guidance and types of related service providers and places in categories which are derived from users' expressed needs. During the field survey on physical accessibility, I interviewed disabled people and made voice-recordings of them recounting their experiences and opinions of the barriers they encountered.

Online survey of access requirements in public places

To investigate people's spatial requirements and opinions about accessible facilities, an online survey was also used. The aim was to enlarge the number of participants. The use of Information Technology can be seen as a compensating mechanism for

particular participants. Disabled people, in particular those with mobility difficulties, are socially inactive in the real world and so tend to use the Internet more frequently with online communication compensating for less face-to-face contact (Guo *et al.*, 2005:50). I set up a questionnaire on the application programme provided by the World Wide Web.⁸ The questions were derived from individual and group interviews with disabled participants. These were grouped under four topics: personal background, travel and behaviour using public places, constraints and obstacles, and requirements and opinions about public places and services. I also added open-ended options with an 'other (please comment)' box for the respondents to add more comments. The total of 15 questions included multiple choices, nominal options and ordinal ranges, adapted from the Likert Attitude Scale. Samples of the questions are described in Table 3.7, and a sample webpage for the questionnaire is presented in Figure 3.2.

Table 3.7 Sample of multiple-choice questions in the online survey

Topics of questionnaires	Sample of question(s)	Options/Multiple choices
1) Personal background	Do you consider yourself to have any difficulty or impairment?	<ul style="list-style-type: none"> - Mobility difficulty - Visual impairment - Hearing impairment - Not at all - Other.....
	How long have you had an impairment or been disabled?	<ul style="list-style-type: none"> - Less than one year - More than one but less than five years - More than five but less than 10 years - More than 10 years
	Where do you usually live?	<ul style="list-style-type: none"> - Bangkok - Provincial urban area - Provincial rural area
2) Travel/ behaviour using public places	In daily living, over one week, how often do you need to leave your home to visit other places?	<ul style="list-style-type: none"> - Stay at home for the whole week - Once a week - Two to five times per week - Every day per week

⁸ FreeOnlineSurveys.com is an online database that provides a platform to create questionnaires. The ready-made questionnaires were then circulated by email. I also posted the link to the ready-made questionnaires onto a webboard that targeted online disabled communities.

Topics of questionnaires	Sample of question(s)	Options/Multiple choices
	Please rank the place you have to go to most often	<ul style="list-style-type: none">- Workplace- Education/place of study- Hospital/Public health centre- State service centre e.g. district office, post office etc.- Shopping mall- Fresh food market- Bank- Food shop/restaurant near your house area- Friend or relative's house- Religious places e.g. temple- Park- CinemaOther, please specify
3) Constraints and obstacles	Please indicate any obstacles or difficulties in your journey when you are going out	<ul style="list-style-type: none">- No need to travel- The people around me don't want me to go out- No transportation available- Public transportation is inaccessible- The pedestrian area is inaccessible- There are travel or traffic signs that are not easy to understand- Other, please specify
4) Requirements and opinions toward accessible places and services	How would you rank the necessity of the following features in public places?	<p>Options were ranked on the Likert attitude scale as:</p> <p>Need as a necessity/ Need very much/ Need for some occasions/ Not necessary at all</p> <p>Opinions towards these items:</p> <ul style="list-style-type: none">- Good pavements or pathways- Slopes or ramps in a pedestrian area- Escalators- Lifts- Sound systems in lifts and buildings- Warning blocks or contrasts to show the change to a different level- Information in Braille- Lower level buses- Disabled sign presented

Topics of questionnaires	Sample of question(s)	Options/Multiple choices
		<ul style="list-style-type: none"> - Special fares for disabled person - Taxi services that welcome patronage by all people - People who are willing to help - Availability and adequacy of public transport services

Survey provided by freeOnlineSurveys.com - Windows Internet Explorer

http://freeonline-surveys.com/rendersurvey.asp?sid=zje1j7f0qgges1p3956112

File Edit View Favorites Tools Help

FreeOnlineSurveys.com Lau... Survey provided by Free...

*1) ท่านมีความบกพร่องหรือต้องการความช่วยเหลือด้านใดบ้าง
Do you consider yourself have any difficulty or impairment

☐ ทางการเดินทาง/ การเดิน/ Mobility difficulty

☐ ทางการมองเห็น/ สายตา/ Visual/low-visual impaired

☐ ทางการได้ยิน/ hearing impaired

☐ ไม่มีความพิการเลย เป็นปกติ/ not at all

Other (Please Specify): _____

*2) ชีวิตประจำวัน ใน 1 สัปดาห์ ท่านมีความจำเป็นต้องเดินทางออกจากบ้านหรือไม่ บ่อยแค่ไหน
Your daily life, how often you need to leave your house to other places in one week

☐ ไม่ต้องออกจากบ้านเลย/ live in the house whole week

☐ 1 ครั้ง/สัปดาห์/ once a week

☐ 2-5 ครั้ง/สัปดาห์/ 2-5 per week

☐ ทุกวัน/สัปดาห์/ everyday per week

*3) โปรดให้ลำดับสถานที่แห่งต่างๆที่ท่านต้องไปเป็นประจำ จากมากไปหาน้อย (โปรดเรียงลำดับจาก 1 คือไปบ่อยมากที่สุด)

Please rank the number of the most often place you have to go regularly (rank from 1 = most often)

ที่ทำงาน/ workplace

สถานศึกษา/ academic or study place

โรงพยาบาล/ ศูนย์สุขภาพ/ hospital/ public health centre

สถานที่ราชการ เช่น อำเภอ ไปรษณีย์ สถานีตำรวจ/ government service places e.g. district office, post office etc.

ห้างสรรพสินค้า/ shopping centre

ตลาดสด/ Market

ธนาคาร/ Bank

ร้านอาหาร/ ร้านค้าชุมชนบ้าน/ food shop/ shophouse in your house area

1 2 3 4 5 6 7 8 9 10 11 12

Figure 3.2 Sample of a webpage of the online survey

After ten sets of questionnaires were pre-tested, the questions were improved and sent out via email and a link posted on the webboard. A total of 139 completed online questionnaires were returned, by 55 disabled respondents (39.57%) and 84 non-disabled respondents (60.43%). It is important to note that the use of this strand as one of the study's multiple methods enriches the diversity of the experiences captured from disabled participants. In the case of individual and group interviews with disabled informants about their requirements around getting to places, while the information from the online survey showed that the majority of disabled participants needed to go out every day, the detailed needs and lists of places were different from

the data obtained through interviews. It required further interviews and observation to diversify and gather the spatial requirements from participants with different social and bodily experiences. As Jick (1979:607-609) suggests, when distinctive measurement techniques produce different results, divergence can lead to an opportunity for enriching explanation of the research questions.

3.4.3 Exploring the process of resisting disabling environments

To investigate the socio-cultural, political and economic factors which facilitate or hinder achievement of an accessible built environment, the process of negotiating and changing disabling barriers was explored through disabled people’s experiences. At the collective level, the role of non-disabled people, state officials, the wider socio-political culture and economic forces were included. This looked at how, collectively, disabled people grasp the opportunity afforded by social movements to achieve their access goals. At the individual level, the study focused on the micro scale of spatial experiences and requirements: how a disabled person negotiates and changes social and physical impediments on a daily basis. The key issues are provided in Table 3.8.

Table 3.8 Keywords in exploring individual spatial experiences and collective movements

Disabled people as active agent(s)	Issues	
	Interacting with the built environment (Physical)	Interacting with other people (Social)
Collective (Chapter 7)	<ul style="list-style-type: none">- Use public places while demonstrating access issues- Demonstrating physical constraints	<ul style="list-style-type: none">- Cooperative work with critical actors e.g. non-disabled actors- Agenda setting within the movement
Individual (Chapter 8)	<ul style="list-style-type: none">- Daily practice in public places-Adapting spatial behaviour	<ul style="list-style-type: none">- Communicating with other people- Opinions about the reaction of the public

Taking a role in the access campaign

This strategy aimed at investigating the process by which disabled people collectively negotiate and change their physical barriers. I volunteered to create a design guideline for the footpath features in a footpath renovation project which was initiated by a non-disabled person in Bangkok. The design was presented to the local authorities to be

used as construction guidance. This project took four months to finish. I took part in the major stages of this process, such as an initial physical survey of key problems with the footpath, meeting the authorities, presenting the design proposal to the public and media, and undertaking another survey after the project was accomplished. I arranged interviews with the key actors in this project such as the project initiator, state officials, a disabled representative and journalists.

Being there with one wheelchair user

This strategy aimed to explore the lived experience of people living with mobility impairment. I received permission from Miss Tum (29), a disability activist, who was willing to join in this process. I knew Miss Tum through the former leader of a disabled people's organisation. The participant proposed the idea to demonstrate how she lives alone as a wheelchair user in Bangkok. The observation took place on a journey from her living space to public places, transport and the workplace, during a weekday and a weekend. The observation was undertaken across a total of seven days in two months. It aimed to take in a variety of activities, places, and modes of transport alongside exploring spatial and social encounters.

3.5 Making sense of the data

Evaluating the data and information derived from the qualitative research approach is important, in particular within a project that has employed an interpretative approach toward the experiences of its research participants. The study seeks to learn to understand the world of disabled individuals or groups as they themselves see it. Further, Baxter and Eyles (1997:506) note that the qualitative approach towards research '*allows the research situation to guide research procedures in order that they may gain access to human experiences*'. Therefore this section provides explicit deliberation about what I did to process the data, in terms of the way the data were analysed and validated.

3.5.1 Analysis of the data

The information in this study is derived from three research strategies, namely: the interviews including individual and group discussions, the surveys including postal and online questionnaires, and the observations including field notes and photographic records from access audit with disabled volunteers and from lived experience relating to the daily activities of one disabled participant. The majority of interviews (which were among the sources used in Chapter 5, 6, 7 and as part of the observation in Chapter 8) were audio-recorded after the informants gave their permission. These recordings were transcribed, thematically analysed and quotations selected from them, as presented numerically in Box 3.1.

Box 3.1 Number of participants’ quotations categorised by the analysis chapters

Chapter	Number of Quotations from Participants	
	Disabled participants	Non-disabled participants
5: Understanding of disability in Thailand	13	9
6: Access constraints and requirements	16	11
7: Collective access movements	9	7
8: Lived experience of an individual with impairment	1	-

By transcribing all the data myself as soon as possible after the interview, I was able to revisit and refresh my memory of the stories given in the conversations. Since I was hearing all the conversations from the voice recorder for the second time, I did not need to transcribe the recordings in their entirety and left out parts that were clearly irrelevant and digressive. I set out certain criteria for sorting the verbatim information from respondents, in that issues should be derived from theories and concepts according to the research themes. In this sense, I kept analysing the interview transcripts to derive relevant issues from them until the body of issues I had generated was not further expanded by analysing more transcripts. All of the selected transcribed interviews were created as Microsoft Office Word documents. The keyword-searching function ‘Find’ was used to generate a database bank where quotations were matched with the research themes and concepts. Some respondents expressed similar points of

view, which to a certain extent, made the database bank repetitive. I therefore decided to select particular quotations to represent a range of available interview texts.

The data from postal survey about the understanding of disability in Thailand (Chapter 5) and from the online survey about access requirements (Chapter 6) were entered into Microsoft Office Excel. The results were calculated as percentages, alongside the thematic issues deriving from the preliminary interviews. These quantitative datasets from the two surveys aimed to reveal accounts that both conflict with and support the interviews. It was crucial to do so, since the majority of opinions from interviews concerning the causes of disability were strongly linked to religious interpretations, and thus perceptions of disability in the Thai context in terms of this data-strand would be summarised and explained in these terms (i.e. disability being viewed as a result of wrong-doing in the last life). However, data from the postal survey found the majority of respondents to consider that road accidents are a key cause of disability. This showed a contrast between findings from different methods that complement one another by analysing two different sources of information. The data from the surveys were presented in the format of a pie chart and a bar chart in order to reveal the trends in terms of adding support to, or conflicting with, the results of the interviews. In addition, there were comments added at the end of the postal questionnaires and these were merged in analysing information from the interviews.

I took field notes and voice recordings in the course of conducting the 'observer as participant' data collection. I recorded my ideas as they emerged during field observation. Raw data in the form of notes, digital photographic data and audio-recordings were sorted into the themes. These notes and records were revised and replayed as soon as the field observations were completed. In order to avoid misinterpreting the information from the field observation, I also sent photos and sent my interpretations back to the participants.

3.5.2 Validation of the data

Validating the interview data through the qualitative research approach involves, as Baxter and Eyles (1997:510) highlight, *'data-to-concept links which not only make sense to scientists but also to the lay people on whose experiences interpretations are based'*. In the

wake of writings on disability research using the post-social model approach, Vehmas (2004:37), for instance, holds the view that there is no such thing as objective truths and that language significantly constructs reality. For instance, the daily life spatial experiences of one wheelchair user in this study are shaped by various socio-cultural factors. Though the study aims not to generalise from this to deduce facts about the spatial experiences of all, it can nevertheless be said that the volunteer wheelchair user is an example, unusual within Thailand, of a woman with impairment who has both graduated from university and is in paid employment. For further study, it would be helpful to explore a broader range of people with distinctive physical and mental characteristics, looking at their spatial experiences and needs. It should be recognised that this study validates the lived experience of a few disabled people. As Overboe (1999:19) remarks, while broadcasts may give the impression that an individual can overcome struggles, and non-disabled people may perceive such experience as a validation of the lived experience of a few disabled people, *'it invalidates the lived experience of the majority of disabled people because they cannot meet such expectations'*.

Translating information from the research participants from one language to another additionally resulted in meanings being filtered and altered by the researcher, intentionally or not. This work translated information from interviews in the Thai language to English. In order to avoid losing the importance and richness of information, Kellett (1995:75) suggests retaining the actual words of the original language. The original scripts were 'Romanised' (transliterated into Roman characters) in order to retain the meaning and interpretation of the research theme. One example is when I discussed feelings towards disabled people in Thai culture (Chapter 5). The word 'Songsaan' cannot be translated into one English word. Therefore it was Romanised in the English form of script as shown below:

"How could you feel of the other as an equal human being if you felt they were pathetic? I had already chosen between self esteem and the benefit that comes with even being 'Songsaan'".

[Wheelchair user, female (28)]

At some points the data have not been theorised such as a particular cultural issue strongly linked to the Thailand context, for instance, the given example about feelings

of pity or 'Songsaan' which can be interpreted as linked to power relations. Hence, I left such quotations without commentary so that they may be opened up for the development of what Baxter and Eyles (1997:509) note as a new wisdom. This is done by aiming to avoid misinterpretation of meanings expressed through interview conversations. For Baxter and Eyles (ibid.) in validating the interview information, it is crucial to ensure that the meanings which are expressed through interview conversations are not misinterpreted. In so doing I rechecked my interpretation of interview data by sending and posting some of quotations from individuals and group interviews (data used in Chapter 5, 6, 7) onto the online webboard. For the case of one wheelchair user (data used in Chapter 8), I sent e-mails of my interpretations to the volunteer. I requested her to revise and give comments on the interview texts and relevant concept linked to my interpretation of field observation through her performances in many places that we have had experienced together.

3.6 Ethical issues concerning research about disability

All of the participants in this study were informed by papers and online documents requesting their consent to taking part in the research process. In many cases, the consent letter was sent in an electronic format via e-mail. I also informed them that the information from the interview in the study would be published and they could choose to have their real name used in the study or to be pseudonym. As soon as the prospective participants replied and agreed to take part (some through a telephone call), I sent them the details of appointment and asked them to provide details of the location for the interview.

As mentioned earlier, I do not have experience of disability, and needed to be aware of the ethical issues in doing research that affects disabled people's lives. There are two issues to be considered: equalising power relationships during interviews and whether or not the research has enabled empowerment or reinforced the disabling process.

3.6.1 Equalising power relationships during interviews

The 'Subject' is disempowered during an interview. (Limerick et al., 1996:454).

To a certain extent there has been an asymmetrical balance in the power relationship between interviewer and interviewee in much research. The interviewee has been perceived as being disempowered when she/he is interviewed. The interview tends to devalue and depersonalise the interviewee, particularly within the positivist paradigm (Limerick *et al.*, 1996:449). The researcher seems to have power over the interviewee particularly when following one form of the question-and-answer format. However, this research aimed to blur the boundaries of power between interviewer and interviewee. It was thought to be a way to empower people who have less advantage and to show respect for their experiences. As Limerick *et al.* remind us:

[...] material collected from interviews needs to be accepted by the researcher as a gift from those who have participated in the research project because it is our story of their story that forms the written report. (1996:450).

It is important to provide a variety of interview methods that prioritise the different communication abilities of participants. The adaptation of interview tactics is beneficial for research with people with different abilities. When interviewing a hearing-impaired informant, I was unable to use sign language. At the preliminary contact, the participant chose to have an email interview. However, I would choose email as the last option for an in-depth interview, only using it if the participants preferred this method. As Selwyn and Robson (1998) point out, '*email interviews suffer from a lack of tacit communication*' and potentially lose human interaction. Eventually, where this was an applicable method, I made hand-written notes as informants with hearing impairment spoke during our conversation. It meant that we both shared limitations and advantages in the communication. This method enabled the research participant to communicate with ease by using her/his most familiar way of communication. Tools need to be adapted to correspond to the informants' requirements. In this way, any sense of an '*able-disabled*' and a '*superior and inferior*' dichotomy can be partially reduced.

I requested consent to audio-record interviews from the interviewees when asking them about participation. Using the voice recorder during discussions helped the researcher to concentrate on the flow of conversation. The interviews also included hearing-impaired and vision-impaired persons. In some interviews with blind participants, I was informed that she/he preferred to have a conversation online (via a

calling application over the Internet). In this example there is an additional requirement for the researcher to be flexible in preparing tools for communication.

The participants chose the locations for the interviews. By requesting that the interviewees choose a place and time for the interview, the interviewees had the power to select a location in which they would be comfortable. The majority of interviewees with disabilities preferred to hold the interview at their workplace if they were employed or otherwise in their home. In the workplace, the interviewee is able to express their status in a relaxed way; they are also empowered by the familiarity of their own territory (Limerick et al., 1996:454). By arranging the interview in a location selected by the interviewee, participants were able to control the interview situation. The researcher as interviewer was told where to have a seat, how long the interview should be, and when they should pause the recorder. All of these elements empowered the interviewees. In many cases, the researcher was obliged to recognise that the interviewee had their own agendas. This is another power dynamic which entwined the researcher and the researched. Disability activities seemed rarely to have any channel for the active actors to publish their views and contributions. So in examples such as interviewing a disability activist (NGO), a state official, and a relative of the Prime Minister who has a disability, the messages of the interviewees were conveyed to the researcher during the discussion. In this regard, the role and power of the interviewer and interviewee were naturally organised in equal balance, in such a way that it minimized the risk of exploiting interviewees (Limerick *et al.*, 1996:456).

Power in the interview situation is also connected to who possesses better knowledge about the topic of the interview, in this case, disability issues. Interviewing an active member of a disability organisation, who campaigns using language used by disabled people, the agendas tended to be led by the interviewee. During the interview, the interviewer was critically challenged because of concern about such matters as the way to describe disabled people, the use of 'normal' in referring to non-disabled people and so on. The interviewee informed and educated the interviewer about such issues, drawing on their areas of interest and concern. In this aspect, the interviewee had acquired the power of knowledge beyond that of the interviewer, and therefore the interview agendas were directed by the research participant's own agendas. This

affects the power relationship between the disabled participants and the researcher. Furthermore, acceptance of the participants' suggestions or ideas can be seen as the way to empower disabled people.

3.6.2 Enabling empowerment or reinforcing the disabling process?

This research approach has been reflexively shaped from the start of the process. The initial approach to disabled people was through the perspective of an *'able and unable'* dichotomy, with disabled people as *'unable to'* do things as a result of physical and social barriers. I planned to observe how they struggle with physical barriers by conducting access audits. However, I gained more developed ideas from the literature, in particular from reading about issues such as the *'lived experience'* and phenomenological approaches. With such approaches, the *'ability'* of disabled people in coping with their difficulties in daily living can be explored. The researcher is able to learn from participants. The approach of the research has been shaped by the variety of research participants' realities, which is always contingent. I have learnt from disabled people through participation with them in this study, trying to empower them, rather than position myself as an able-bodied researcher. This approach has moved away from a dualistic notion of *'able and disabled'*.

The actual interviews lasted between one and four hours. In many cases, the participants with impairments spent the time telling their own stories, in particular their experiences of oppression. From an emancipatory perspective, enabling subjective lived experience in research can be a means of empowering disabled participants. There was one example of an interview with a wheelchair user in his home-office. While he was recalling his stories about how he coped with prejudice and fought for his achievements, he became tearful so the interview had to be suspended for a pause. It is crucial for the researcher to be aware that giving the participant space to revisit stories of hard times or painful memories can be a therapeutic or empowering process (Hodge, 2008:32). In one sense, storytelling can illuminate insights about the personal and the story itself is a useful means for researchers to explore the other's *'internalised'* world (Smith and Sparkes, 2008:18). However, reliving personal tragedy can also, potentially, be a disabling process for individuals with impairments. In such cases, I

would let the interviewee stay with his memory for a while before gently shifting the conversation to his successful achievements.

Using photography and images of disabled people

In all cases, where photographs of participants were to be used in this thesis, they were asked for their consent. This might seem a trivial issue but it can have a greater impact with the recognition that pictures of disabled people need to be represented as they themselves would wish. In the course of a journey with participants with impairment, they were photographed struggling with social and physical barriers. I have learnt that taking many pictures and inviting the subjects to select from these pictures provides more choices for disabled people in representing their identity. In this regard, the display and review options afforded by digital technology represent a great advantage because we can take a number of pictures and instantly show them to subjects.

Likewise, during the investigation of inaccessible facilities and services, the presence of a researcher with a camera significantly affects the fieldwork information. This was evident in the case of one wheelchair user using a public elevated train service. At a train station without a lift, Miss Tum often holds out her hands with the side bars of the escalator to reach the elevated train platform. However, once I had taken a role as an observer and photographer of Miss Tum, the security guard noticed and did not allow us to do this. Therefore, my visual report of her daily use of public transport differed from her everyday actual reality. In this regard, the visual material required integration with information from the in-depth interviews.

3.7 Reflection on methods used

Although there have been critiques of the social model approach which precludes research recounting the lived experience of disabled people, Barnes (2001) argues that by overemphasising the experience of disabled people:

we undermine or ignore the significance of the environment in which those experiences are shaped and, in so doing, simply re-emphasise, albeit possibly unintentionally, the personal tragedy theory of disability. (ibid.:13)

By contrast, research adopting the social model promotes the way social and physical struggles encountered by disabled people are forms of oppression. Thus experiences in the lives of impaired bodies are viewed as irrelevant or isolated issues in research which has failed to have a positive impact on their lives (Oliver, 1992). In this regard, Oliver (ibid.:107) suggests adopting a reciprocal relationship between researcher and researched which features the emancipatory approach. Additionally, in a qualitative approach, it is undeniable that *'researchers both influence and are influenced by the process of engaging in research'* (Northway, 2000:392). Despite exchanging information during research production, Northway (ibid.:394) adds that *'disclosure of personal values and beliefs is thus a necessary facet of changing the social relationship of research'*. Research production can be a process of empowerment, in challenging oppression (Barnes, 2001) by taking explicit stances on values, and by contesting the oppression experienced by disabled people (Northway, 2000:394). Thus, engaging with research participants who have experiences of disadvantage effectively helps the non-disabled researcher gain more insights; as Shakespeare (1997:250) points out, it can enable the researcher to get closer to the people and experiences which will be analysed. As we have learnt about different kinds of construction of disability, Corker (1999:209) encourages the use of reflexivity, which accepts silent 'voices', new knowledge and *'a greater range of positions from which disabled people can subvert hegemony and act in the social and political arena'*.

Northway (2000) further promotes reflexivity in terms of strengthening the quality of qualitative disability research. The key elements of reflexive research consist of a requirement that the values and positions of the researchers and research process are critically examined: if researchers explicitly present their biases and prejudices, they may be changed by engaging in a research process which requires self-critique and self-appraisal. Importantly, fresh insights and learning should be integrated into the research rather than ignored (ibid.:392). Ryan (2005:2) notes that being both reflective and reflexive implies the ability to:

reflect inward toward oneself as an inquirer; outward to the cultural, historical, linguistic, political, and other forces that shape everything about inquiry; and, in between the researcher and participant, to the social interaction they share.

3.7.1 Researchers without experience of disability

For Mercer (2002), involvement can be a key method for the researcher without disability experience to improve their knowledge about disability. It is important for the researchers to be able to reflect the quality of their relationship with their research participants, in order to represent how:

friendliness, openness and general close rapport with participants have acquired a confirmatory status. Researchers record how their disabled participants expressed their appreciation that their views were taken seriously and they were encouraged to express their 'real' feelings' (ibid.:243).

By learning through the ways in which disabled people talk and act about their everyday reality, this can add balance to methods of understanding disability and accessibility issues. Gilroy (2005:47) draws on the feminist perspective which can be adopted by disability research, that '*the personal is political*'. Thus the experience of participants, related in the form of stories, '*should be seen as valid information*' and '*such knowledge denial is a form of oppression*'. The researcher and methodology, therefore, must involve research participants.

3.7.2 Access to research participants and technology

This research is focused on Thailand, while I have spent the majority of the period of study in the UK. This affects access to wider groups of disabled representatives. In many cases, Information Technology is considered as a helpful tool in connecting with research participants. In comparison with my previous research about accessibility in residential dwellings for disabled people ten years ago, even although I was there in Thailand, my access to disabled people was through disability institutions, such as rehabilitation centres or vocational training centres for disabled people. Data collection was carried out via the staff of those institutions, such as by sending advance prompts about the interview to their staff. Otherwise, it was necessary to arrange meetings in the places where disabled people lived because public places and transport were not accessible for them.

From the current research, it is evident that Information and Communication Technologies (ICTs) facilitate approaches to informants with impairment. For instance, I was able to contact many disabled participants through an email list. I was also able to invite many people to participate in interviews through online applications such as webboard and Skype. Those online applications were helpful not only in providing easier access to participants, but they also provided disabled people with choices about whether to meet face-to-face or not. In this sense, communication technology is helpful in gaining the opinions and voices of various people with different impairments. And the participants have a choice about how to present their identity.

Nevertheless, utilising ICTs should be seen as one option among multiple means in accessing research participants with impairments. Because few disabled people can afford to access the internet, I would suggest being conscious that using communication technology as a tool needs careful consideration. As Gleeson (1999a:104) highlights, technology can emancipate or oppress, depending on its social uses. In this regard, for some disabled people with low incomes, the (un)availability of information technology can act as a further force of segregation.

Although it has been seen that the researchers have power to choose who to invite to participate and how to approach the potential participants (Limerick *et al.*, 1996:453), it is solely the decision of the potential participants to accept the invitation. Therefore, the status of the researcher and methods of building trust are important elements in approaching to prospective interviewees. In the first letter which was circulated via email, it was stated that I am a student studying the accessibility of disabled people in public places. I also attached evidence, such as a copy of my student ID card, a letter of confirmation of my status from the research supervisors and from my sponsor (the Government of Thailand). Each letter bore an institutional letterhead. However, there was little response to this invitation, and those who did come back to me were people I already knew. The majority of research participants accepted the invitation via the snowballing technique. From this we can conclude that, in this case, disability, there is a particular need for trust and familiarity that contrasts with more 'formal' ways of approaching research participants.

Approaching a disability activist is an example of using an email list. I attempted to interview a social activist who was a wheelchair user in a provincial setting during the fieldwork in 2007. However, he did not respond to any channel of approach I utilised. Between 2007 and 2008, I was in contact with disabled people's networks via webboard discussion and email lists. In September 2008 while revisiting the research and conducting more interviews, the prospective interviewee replied via email. The leader of the disability organisation issued a reminder about my requests for interview and asked if I could vote for him in a TV programme.⁹ Thus the interview eventually took place. In this case, it represented an exchange of interests between researcher and disability activist.

Online questionnaires as a means to include wider research participants: the majority of people with mobility difficulties struggled with inadequate and inaccessible spaces. An online survey was carried out by circulating prompt questionnaires via email. The list of email addresses is derived from the disabled organisation's web-based resources. The benefit of the online medium is that it is helpful in accessing a wider pool of potential research participants. There is an increasing number of people using the internet in Thailand. Although there are no official statistics on the number of disabled Internet users, by 2008, around 20% of the national population of 65 million people used broadband internet nationwide (Internet World Stats, 2008).

Emailing: The merit of using email is that it includes people who have difficulty with oral conversation. I received a response from the participant with hearing impairment via email. For some people with specific kinds of identity, it seemed difficult to expose themselves to unfamiliar situations. This kind of computer-mediated communication is useful when a person finds it a challenge to use the telephone or meet in person, especially in an initial exchange with strangers (Scott, 2004:95). In addition, emailing as a tool is widening the geographical range of participants, in particular for people with mobility impairments (Lutz and Bowers, 2005:1040).

⁹ This disability activist was one of five nominated icons that devoted their lives to work to make a social contribution. A TV programme campaigned for votes for three names to receive the prize of a million Baht.

Online Document Method: Blogs¹⁰ and Webboard discussion: Apart from using online surveys, this study used webboard posting. This was helpful to extract more explicit opinions/feelings toward disability and the disabling environments of users. The participants have more choices in terms of presenting information (or not) about their identity. In addition, by posting a question or an essay on the Internet, the participants had adequate time to react and respond. I posted several topics to encourage discussions such as: how can we end the chicken and egg problem? Who should take the lead role in solving access problems? Or what do you think of when talking about disabled people?

Real-time Interview: In exploring the access experiences of people with visual impairment, online methods were helpful for communicating with participants at a distance. Some participants suggested holding interviews over an online calling application, 'Skype'. We arranged a meeting after I sent some questions and consent was sent via email.

3.7.3 Working with disabled people and context specific literature

Exploring the spatial experiences of disabled participants in their daily lives reveals distinctive factors which are different from those arising from conducting access audits and workshops. That is, the researcher as an observer was able to notice problems only when disabled people deliberately raised those issues through their struggles. By being in place with disabled people during the course of their daily activities, the researcher was able to learn more when the disabled participant attempts to overcome those barriers. In many cases, the barriers expected by researcher differed from these experienced by the participants. For Barnes (1992:122), this approach establishes '*a workable dialogue*' between the researcher and the disabled participants which aims to empower the latter. Architects, designers, builders and policy-decision-makers should acknowledge the ways disabled people experience and negotiate their spaces by working with them as the expert or consultant, rather than gaining information through exploitation of the source of information.

¹⁰ A blog is a type of website, usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse-chronological order. Many blogs provide commentary or news on a particular subject; others function as more personal online diaries. A typical blog combines text, images, and links to other blogs, web pages, and other media related to its topic. The opportunity for readers to leave comments in an interactive format is an important part of many blogs.

Studies about accessibility and the built environment have relied heavily on western literature. As Imrie and Edwards (2007:634) point out, this is restrictive because it lacks a variety of socio-cultural contexts of disablement. There has long been an ethnocentric literature which is confined to European, North American, and Australasian disability. Hence, little of the breadth and depth of socio-cultural specificities is developed to achieve an understanding of disability which underpins the knowledge about the interrelationships between disability and built environments. This seems to encourage the importance of localising research to add other, distinctive contexts.

Disabled people have been involved with this research as consultants for some key data interpretation in the writing-up stage. In this way, Kitchin (2000) points out that the role of the academic is as an enabler or facilitator rather than as an expert. However, I have not taken this approach at all stages due to the limitation that I have conducted this research for the majority of time from the UK. It is recommended that by engaging with disabled people throughout the research process, academics can take an emancipatory standpoint which further helps to *'inform and impart her/his knowledge and skills to the disabled people who are co-researchers in the project, and provide an outlet to inform the policy makers'* (ibid.:40). In this regard, Kitchin suggests Participatory Action Research (ibid.:43) whereby, through engaging more with disabled people in disability discourse and processes, research projects should contribute to improvements to their lives in both practical and political ways.

Working 'with' disabled people at every stage of the research process can be a crucial method for reducing these limitations to knowledge. If I could go back to do this research again, it would be very helpful to gain more insights in this way: for example I would consult with more ordinary disabled people rather than paying so much attention to the agendas of disability leaders or activists. Furthermore, I anticipate that future research might discover a wider range of spatial experiences in daily life from disabled participants who may have less experience of articulating their needs. In this regard, I hope to employ this research strategy as a means to generate positive returns for research participants and encourage context-specific knowledge.

3.7.4 Learning from the lived experience approach

Learning spatial struggles through first-hand experience 'with' disabled participants acknowledges the importance of the empirical research method, by contrast with learning through research that is 'about' disabled people's experiences. It is a helpful means of transcending representations of disabled people through the imagery which society creates. Though I realise through the social model perspective that a person in a wheelchair is disabled by those steps which impede access to a building, there are other issues which are more important to consider, such as the individual's personality and a priori personal knowledge about disablement. This experience was achieved when I encountered spatial barriers simultaneously with the disabled participant. This method of approach has shifted my thoughts towards what it is to be disabled and how such social creations as the built environment can disable impaired persons.

Learning through a fine-grained strategy used within the lived experience approach is important and helpful for the researcher without personal knowledge of the disability experience. As there is an absence of disabled people's experiences within relevant social processes including design and building physical space and facilities, a little ignorance can become amplified to create greater problems in the lives of impaired people. Based on a cost-benefit orientation, this reinforces an ableist notion that disabled people are a minority, so that the majority of places are not built to respond to users with impairment. The lack of accessible public toilets is an instance. This causes a deterioration in the health of impaired people.

Additionally, we have also learnt through disabled people's voicing of their experiences. These have opened up the research approach to problems within the interrelationship between space, the (impaired) body, and self-internalisation. There are apparently trivial issues which nevertheless increase in significance through the simultaneous confrontation of obstacles and the impaired participant. For instance, walking on the pavement with a wheelchair user leads to problems being witnessed which may not have been recalled within an interview. A little crack on a surface or the negative reaction of strangers often discourages an impaired individual from flourishing in public places.

Furthermore, being an observer participating with a person with an impaired body allows a small but significant insight which can be analysed in a broader sense. Imrie and Edwards (2007:628) note a relationship between technology and the disabled body. A wheelchair is not merely a neutral artefact *'but it rather as a "limb-object" or a constitutive part of the body and spatial practices'*. For instance, Miss Tum often describes her wheelchair as her 'shoes' and uses the word 'walk' whenever she rolls her wheelchair from place to place for daily activities. In this sense, as Imrie and Edward go on to say, the wheelchair is a paradoxical object, as it can be an access facilitator for moving about spaces but simultaneously it is a *'signifier of bodily impairment and difference'* (ibid.).

The public nature of conducting fieldwork research with disabled people is also a significant strategy for educating the public about the access requirements of disabled people. Additionally, the presentation of lived experience in this research not only seeks to explain the problems of inaccessibility at a personal level, it also extends to the political level. Overboe (1999:23) comments that, in many cases, when disabled people talk about equal rights they tend to emphasise an inability to participate in political movements. For instance, disabled people fail to vote because of inaccessible polling stations. However, Overboe (ibid.) argues, this does not necessarily mean that a political platform is totally unavailable to them. Broadcasting differences in the lived experience of different disabled people in everyday life is a significant political method to challenge and change the dominant oppressive and negative identity imposed upon them.

3.8 Conclusion

This research has been concerned with processes as well as products. The core issues have revolved around understanding disability and accessibility for disabled people in the built environment, as seen in contemporary social processes. Those issues have been and are socially constructed differently in different times and places. The research sought to use a range of methods in order to deepen explanations particular to the questions in a certain social context. However, the investigation could only deliver explanations within a temporal boundary. In the next chapter, I will discuss the context

of Thailand, where this study took place. The chapter aims to provide an overview of key social elements which influence the questions and discussion.



"The [economic] development has been changed very fast, but the thoughts about disability have moved so slowly. Many parents still do not send their [disabled] child to school. The state has launched series of laws. However, as those laws haven't been seen as a mega project, very few policies came to practice. I'm seeking to input this issue, but I have little power. Unlike those disability activists, if they come to enforce the law, it will be more effective. [...] we have many good engineers and builders, but they don't know about disability. Seems they need to look over their shoulder."

Access Law Committee, non-disabled female (55-60), 3rd August 2007

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4 | Thailand: ‘Pi-garn’ and accessibility

Introduction

This chapter provides the socio-cultural and socio-political context to the accessibility issue in Thailand. This aims to foreground the context for disability and access issue in Thailand in facilitating the readers to understanding the following analysis chapters (Chapter 5, 6, 7, and 8). It firstly starts with an overview of disability situations. Secondly, the current accessibility in the built environment is discussed. This section looks at access issues as seen by access legalisation as well as to what extent it has been practiced. The third section provides insight into how lives of people with impairments are different from whom without it in contemporary Thai society.

The fourth section focuses on the cultural perspective and meanings of ‘*Pi-garn*’ or disability. This emphasises the significance of this cultural element, evaluating how religious interpretations and other cultural representations such as mainstream media shape perceptions of ‘*Pi-garn*’. The discussion in this section provides key cultural factors which are drawn on by the analysis of understanding of ‘*Pi-garn*’ which follows in Chapter 5. The fifth section discusses political culture and its impact on the access problems of disabled people. This section provides key components such as the vertical politic, perceptions of public goods and services and the local social relationships that create and maintain disabling barriers in the built environment. These political components will be analysed together with the information from fieldwork and interviews in Chapter 6.

Section six focuses on economic development and its impact on the creation of accessible facilities for disabled people. This section looks at how internal and external forces interact with state and private sectors in creating accessible public facilities for disabled people. This section also argues that poverty is not necessarily the only explanation of a lack of accessible facilities. The final section concludes by setting the scene for further exploration of accessibility, the disabling built environment, socio-spatial experiences of disabled people.

4.1 Overview: Disability in Thailand

4.1.1 Disabled population

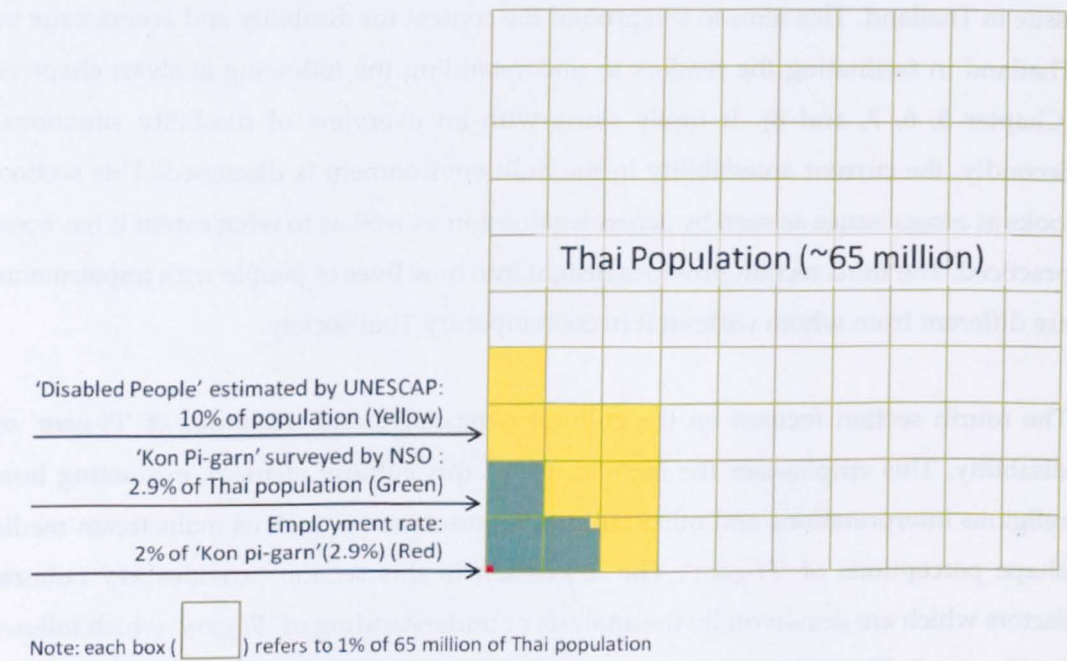


Figure 4.1 Proportion of disabled population

The number of disabled people all over the world is estimated at 10% by UNESCAP (yellow). However, the disabled population as measured by the Thailand National Statistic Office 2007: Thai population defined as 'disabled persons' was 2.9% (green), and 2% of the Thai disabled population are employed (red).

This figure of disabled population is significantly less than the UNESCAP¹¹ estimation that an estimated ten percent of the world's population, or 650 million people, lives with a

¹¹Source: UNESCAP website online available at <http://www.unescap.org/esid/psis/disability/> (Accessed: September 2010)

disability. In Asia and the Pacific, the number is increasing due to multiple factors including of the ageing of the population. At present there is growing awareness of the increasing presence of older people within a population which is rising by 0.64 percent per annum (Index Mundi, 2008). The National Statistical Office (2004) pointed that the oldest section of the population (that which is over sixty years of age) will increase from ten percent in 2000 to 15 percent in 2025. From this statistic it can be deduced that, whilst the percentage of disabled people is low at 2.9 percent, the trend is for a dramatic increase in the number of older people whose health has deteriorated. A report by the United Nations has stated that Thailand has no plans to respond to the growth of the older population over the next ten years (Thonguay, 2006).

The employment of disabled people is low when comparing with non-disabled adults. There are 98% of the disabled population unemployed. Among two percent who are employed, a small percentage works in professional occupations while the majority work in the agricultural and fishing sectors (Pozzan, 2009). The majority of disabled people live in rural areas, whereas most access features are provided in urban Bangkok and its urban vicinity. Furthermore, the accessible infrastructure is mostly installed in the municipal areas, in particular within Bangkok city centre. Examples are accessible public transportation such as lifts to the upper levels of train stations, pedestrian surfaces and buildings with ramps, slopes and lifts, and Braille blocks on pavements.

The definition of 'disabled person' is found in the Rehabilitation Act for Person with Disabilities 1991. There are five categories:

- 1) Visual disability
- 2) Hearing or communication disability
- 3) Physical or mobility disability
- 4) Mental or behaviour disability
- 5) Intellectual or learning disability

In 2007, the National Statistical Office of Thailand revised the methods and terminology used in the census for the measurement of the disabled population. It considers a disabled person to be one who has difficulties and/or health problems over a six months period; difficulty in taking care of oneself; and/or impairment. This definition automatically includes older people. Nevertheless, these measurement methodologies were not adopted consistently amongst different medical professionals

(APCD, 2002:7). The Asian Pacific Development Centre on Disability revealed that the majority of disability in Thailand is associated with congenital anomalies, at 34 percent (1996 census). The remainder is mainly caused by sickness, and accidents occurring in factories, roads, farms and homes (APCD, 2002). In addition, Tanaboriboon (2004) reveals that approximately 0.8 percent of the Thai population was injured or become permanently disabled due to road accidents, in particular, involving motorcycles¹².

4.1.2 Disability in the law

Thai disability laws have been influenced by legislation in forerunner countries such as the UK Disability Discrimination Act 1995 (DDA) and the USA's Americans with Disabilities Act 1990 (ADA). A study by Cheausuwantavee (2005) reveals that socio-cultural factors, such as attitude toward disability, are crucial in influencing how effectively the law is implemented, in particular when the legal approach is adopted from different social contexts. While the ADA is based on human rights, Thailand's disability legislation is based on a medical and regulatory approach (Cheausuwantavee, 2005). The ADA was issued following the Civil Rights Law of 1964 which intended to eliminate discrimination, such as that on grounds of race or religion. In this sense, American disability law emphasises four essential rights of disabled people: employment; access to travel facilities and transportation; access to public accommodation, goods, and services; and access to telecommunication. For the UK, the Disability Discrimination Act of 1995 emphasises the importance of creating equality and opportunities for people with disabilities. These two disability policies centre on social welfare authorised by the state. In general, the details of the ADA and DDA share similar values in the humanity and dignity they assign to disabled people. Furthermore, Cheausuwantavee (2005:50-51) points out that it is '*universal valuation*' which ensures humanity integrity is equal for all. However, the purpose of disability legislation based on human rights can be seen to be challenged when it was adopted within Thailand's Rehabilitation Act 1991. This was due to the concept of disability widely held in Thai society that is, in major part, still based on the view that disability is an individual problem capable of charitable resolution (Kulkanchit, 2006; Riw-pai-

¹² The civil war has never been considered as a cause of impairment and disability. However, in recent years, there was political turmoil that left over 2000 protesters injured. Hence, the causes of disability of Thai people do include the civil war.

boon, 2006; Kijtham, 2005). Furthermore, much of the Rehabilitation Act 1991 was informed by the view that *"it should be practice based on compassion and voluntary in action"* [The law committee, non-disabled person]. Consequently, efforts to enforce rights based on this law have struggled because of the way it has been implemented.

Although the definitions used by the three countries have common ground in the meanings of the words 'disabled persons', there are clear distinctions in their law enforcement processes. In Thailand, until the Disability Act of 2007, non-compliance was not unlawful and there was no penalty for those who broke the law. In contrast, in the USA, whilst American disability law has variations in the details of punishment in different states, it is clearly specified that failure to comply is law-breaking (Cheausuwantavee, 2005). In the details of Thai disability legislation, merit or moral statute also plays a part. In other words, the rights of disabled people depend on individual interpretation and are not guaranteed.

There are six ministries in charge of disability issues; the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Labour and Social Welfare, the Ministry of Information and Communication Technology, the Ministry of the Interior, and the Ministry of Education. In any situation where there is a political difficulty or change, the new government simply establishes a new bureaucracy. These continuous instabilities affect the continuity of disability-related policies in several state sectors each time they have a new minister or a new provision.

Table 4.1 Disability and access laws in chronological order

Time	Disability Legislation
1981	Event: the International Year of Disabled People (IYDP) 'Kon Pi-garn or disabled person' was defined in the first National Development Plan (B.E.2506) in 1963
1991 (B.E.2534)	First disability legislation: the Rehabilitation Act of Persons with Disabilities 1991 is established
1994 (B.E.2537)	Disability definition: 'Disabled Person' was defined in Ministerial Regulation 2nd Issue 1994.
1999 (B.E.2542)	Issued by the Ministry of Labour and Social Welfare. First access legislation: the Ministerial Regulation the 4th Issue on accessible facilities in public buildings, places, transport and services that directly serve disabled persons

Time	Disability Legislation
	(design recommendations)
2001 (B.E.2544)	Issued by the Ministry of Labour and Social Welfare. The Bill of Access Standard: this design recommendation guideline emphasises the design of accessible facilities for disabled people (pedestrian systems and public buildings)
2005 (B.E.2548)	Issued by the Ministry of Interior. The Ministerial Regulation of Accessible Facilities in the Buildings for Disabled Persons and the Elderly 2005. This access law focuses on providing accessible features for disabled and older people to access public buildings in pursuant with the Building Act (B.E.2522) 1979 ¹³ .
2006	Event: The junta government repealed the Thailand Constitution 1997
2007	The Constitutional Council established the new Disability Act: 'The Persons with Disabilities' Quality of Life Promotion Act (B.E. 2550), 2007' Key points differed from the previous Rehabilitation Act 1991: The new definition of 'disabled person' refers to 'a person with restricted ability to carry out day-to-day activities or participate within her/his society, having deficiency caused by visual, hearing, mobility, communication, mental, intellectual, learning and other difficulties and who necessarily needs any form of supports in order to be able to perform daily activities or participate with society as general individuals'. Penalties are identified for violations of the access laws, for instance, property owners must make payment into the disability fund if they fail to provide access features for disabled users, and the owners will also be fined 5,000 Baht ¹⁴ (Section 36:21, Thailand Government Gazette, 2007).

Thailand has concentrated on access issues for disabled people since the country promulgated a series of Acts and regulations concerning disability issues. In 1991, the first Rehabilitation Act of Persons with Disabilities (B.E. 2534) was established. This Act was the result of a cooperative effort involving the government, the private sector, academia, and disabled people's organisations (Wachirasereechai, 2003). Thereafter, several more changes took place in response to the UNESCAP declaration of the decade of persons with disability in Asia and the Pacific between 1993 and 2002. The improvement of the built environments for disabled people was set as a key target in

¹³ The responsibility for establishing laws concerned with accessible facilities was transferred from the Ministry of Labour and Social Welfare to the Ministry of the Interior in 2005. Previously, the access implementation was based on voluntary cooperation by private property or business owners. Since the Access Law 1999 fell under the Ministry of the Interior, in pursuant with the Building Act 1979, new properties built after 1999 must provide accessible facilities for disabled and older people.

¹⁴ This size of fine is very low. This can be an important weakness of access law implementation. The maximum fine of 5,000 Baht for property owners who violated the law is less than 0.01 percent of the value of the buildings which fall within its criteria (a project which has over 300 square metres). Source: Average construction price in urban areas <http://www.thaiappraisal.org/thai/value/value.php>

plans for action. Therefore in 1993, the Thai government laid down a series of policies in response to those international agreements. Such legislative initiatives have increased the interest in disability matters in Thailand and within the international community, leading to the country being honoured with the 'Franklin Delano Roosevelt International Disability Award (FDR)' in 2001 for outstanding implementation of disability improvements¹⁵.

Although the majority of laws are based on the concept of providing and subsidising resources for disabled people, most of the government agencies have not complied (International Disability Rights Monitor, 2005:123). According to the Rehabilitation Act 1991, the aim was

empowering capacity and improving the health condition of disabled people by means of medical healthcare and services, education, social and vocational training, in order to help disabled people to have the opportunity to work or live equally with 'normal' [sic] people (Thailand Government Gazette, 1991).

In the Thai-English dictionary, the term 'normal', or '*pagati*' in the Thai language, refers to '*normal, regular, standard, usual or ordinary*' (Garden and Wannapok, 2006:303). This word is commonly used to describe something or someone that has a good condition and functions properly. In this regard, the positive intent of the law is potentially reversed to deprive disabled people of equality in terms of independence. Kitchin (1998:347) sees that

the dominant underlying ethos is one that follows the State's line of integration or assimilation to bring people back to 'normality'. As such, policy is aimed at trying to make disabled people more 'normal' rather than changing the system to accommodate disabled people for who they are. [...] The reality is a dependency upon community and welfare provision.

However, after the military coup in 2006, the new version of the Thailand Constitution introduced in 2007 repealed the former one. The Persons with Disabilities' Quality of Life Promotion Act (B.E.2550), 2007 is the first that mentions rights-based disability law. It contains anti-discrimination provisions based on physical or health conditions and guarantees access to social welfare and services for disabled people. The disability

¹⁵ Source: Asia Development Centre on Disability (APCD), 2005. Online available at <http://www.apcdproject.org/>

and access laws which are referred to within this study are provided in a chronological order in the following table.

There have been attempts to create accessible environments for disabled people in recent years in Thailand and the government tends to put its effort and focus on accessibility issues via regulatory and law establishment. In a document that the Thai Government submitted to the Office of the High Commissioner for Human Rights (OHCHR)¹⁶, it stated that many public facilities have been developed to accommodate the need of disabled people. Nevertheless, they are still not sufficient to cater for their needs; they are a small proportion compared to the overall number of buildings, transport systems and other public facilities in society. Therefore:

[I]n addressing this challenge, a new regulation was launched in 2005 requiring new buildings to provide accessible facilities for persons with disabilities. Moreover, the National Persons with Disabilities' Quality of Life Developmental Plan (Vol.III) (2007-2012) also contains strategies to promote an environment with accessibility and facilities.

The state has made serious attempts to ensure access for disabled people through legislation. There are three serial access laws issued in 1999, 2001 and 2005 respectively. Those laws emphasise public facilities and services. Although it is now more than ten years since the first access legislation was established, disabled people in Thailand continue to encounter problems and barriers created by the inaccessible built environment (Kutintara et al., 2010). Many existing public buildings, and even new ones built after 1999, provide steps as the only means of access. There is no penalty for those who fail to provide accessible facilities. However, Section 33 in the Empowerment and Development Life of Persons with Disabilities Act 2007 indicates that enterprises with over 300 employees must recruit at least one disabled person, otherwise they must contribute money to the disability development fund (Thailand Government Gazette, 2007:21). This regulation leaves a loophole because employers tend to prefer to pay this money rather than provide 'reasonable' accessible facilities to accommodate disabled employees. Furthermore, the regulatory based laws seem incompatible with the nature of the local political culture. As Baker (2003) notes, the

¹⁶ The document was sent to Geneva as required by the OHCHR to report on the progress of policy implementation of Human Rights of Persons with Disabilities in Thailand. **Source:** Office of the High Commissioner for Human Rights (2008)

Thai bureaucratic system is divided into separate little pieces. The bureaucrats, then, compete to make laws *'which give themselves power to authorise this and that in order to demand a bribe'* (ibid.:11).

We have seen that regulatory based solutions for making progress on disability issues might not be an effective approach in the context of Thailand. The next section provides a theme of the current accessibility situation.

4.2 Current accessibility situation

This section aims to provide the current situation regarding access issues in Thailand, which will be analysed in Chapters 6, 7, and 8.

4.2.1 Access and the law

In most aspects of daily life, public places still impede equal use by people with impairments. One reason is that the existing Thai access law has little connection with previous local policies concerning disability. One of the access laws which has influenced more than forty countries to enact similar and *'nearly verbatim legislation'* is the Americans with Disabilities Act (ADA) (Stein, 2007:90). The content of the access laws (Thailand Government Gazette, 2005; 2001; 1999) tends to follow that guidance¹⁷. Thailand seeks to emulate the USA in creating accessible facilities. However, the UK Disability Discrimination Act 1995 has a foundation in disability laws: the Disabled Persons (Employment) Act 1944. So too does the USA civil rights legislation provide the background for the establishment of the Americans with Disabilities Act 1990 (Woodhams and Corby, 2003:160). In this sense, Thailand's disability policies and laws are based on a focus on regulation rather than following the USA and UK pattern of

¹⁷ The majority of guidance on accessible facilities and design is provided in accordance with the standards of western countries, such as the United States, the UK and Japan. The design guidelines in the Ministerial Regulation: Access to Building for People with Disabilities and the Elderly 1999 is generally adopted from the Americans with Disabilities Acts of 1990 (ADA). In addition, the footpath design recommendation states that the design standard mainly follows the UN Promotion of Non-handicapping Physical Environments for Disabled Persons: Guidelines.

Source: Bangkok Metropolitan Administration (BMA). (1998) Design Recommendation on Buildings and Environments for People and Disabled Persons. Bangkok: Design Division, Department of Public Works, BMA.

building on indigenous attitudes and past developments relevant to disability (Cheausuwantavee, 2005).

Although access law requires that public buildings and facilities must be accessible and that state agencies must modify existing facilities to ensure access for disabled people, the 1999 Ministerial Regulations that makes compliance mandatory have not been fully enforced. According to Imrie and Hall (2001b:Ch.3), access legislation in most ASEAN countries takes little or no account of the needs of all disabled people. In many parts, the access laws mainly target only the needs of mobility impaired people. Furthermore, there have been exemptions allowing existing building structures to avoid compliance with access legislation. Likewise in Thailand, compliance with access legislation is applied to new buildings; adaptation of existing structure is merely advised rather than required. The Ministerial Regulation on Accessible Facilities in Public Building 2005 (Thailand Government Gazette, 2005:5) exempts buildings open to the public which are smaller than 3000 square metres from the requirement to provide access facilities. In accordance with the Revenue Code, the owner of any building, sites, vehicles, or services offering equipment to facilitate disabled people is entitled to claim tax exemption for double the expenses incurred (Thailand Government Gazette, 2006:6). The Regional Report in 2005 conducted by the International Disability Rights Monitor (IDRM) (2005:123) reveals that the main post office in the capital city is not wheelchair accessible, and only about 0.4 percent of public buildings are reported to be accessible for people with mobility impairments. Many of the lifts are not adapted for vision impaired users.

Access issues used to be the responsibility of the Ministry of Public Health, and the Ministry of Labour and Social Welfare. The State transferred responsibilities for access law in 2001 and 2005 to the Ministry of the Interior; the Ministry of Social Development; the Ministry of Human Security and the Ministry of Transport. In one sense, this change reflects a shift from viewing disabled people as patients, or individuals with illnesses, or a labour force incapable of work. Authorities with responsibilities relevant to disability, such as policy makers, have increasingly perceived the disabled population as part of society. The structure of access law is presented in the figure below.

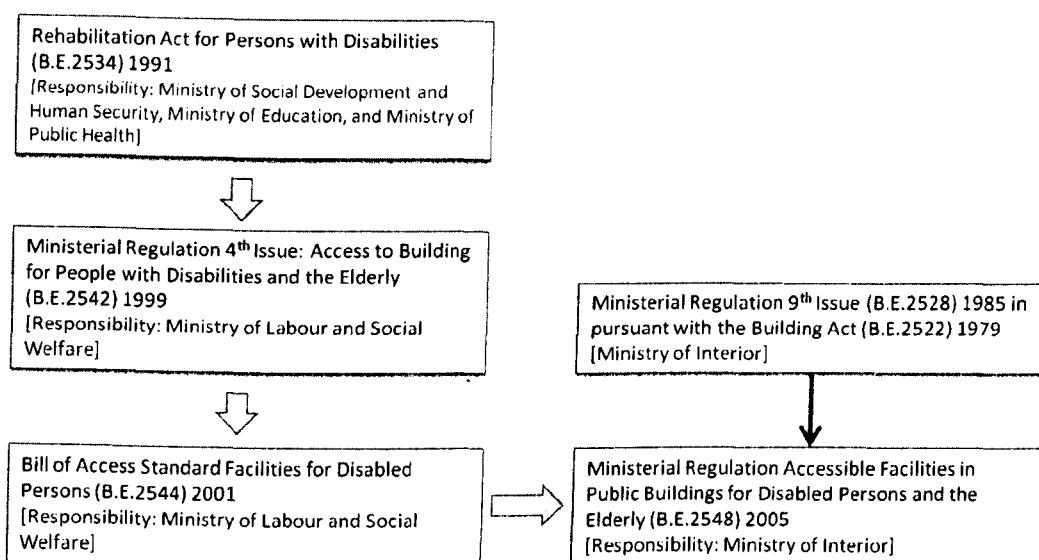


Figure 4.2 Structure of disability and access law responsibilities

A recently amended access law, the Ministerial Regulation 2005, has as its central purpose the requirement that all buildings which are open to the public with an area over 300 square metres must provide access facilities for disabled and older people. In this regulation, '*access facilities*' refers to the built part(s) or feature(s) both inside and outside of the building to facilitate use by disabled and older people. The regulations apply to all new buildings except those which received building permission prior to the introduction of this regulatory amendment (Thailand Government Gazette, 2005:17). This regulation's scope means it has had little effect on the majority of the public built environments in the main cities in Thailand¹⁸. Furthermore, this regulation potentially leaves out housing design, as the preferred living area of a typical single Thai family is less than 200 square metres (Tantasavasdi et al., 2001:820). According to the Ministerial Regulation on Accessible Facilities 2005, property which has over 2000 square metres open to the public must provide at least one room to accommodate disabled people (Thailand Government Gazette, 2005:5). However, lack of awareness of this access requirement, together with inefficiency of law enforcement, means owners manage to avoid providing those facilities. One holiday resort owner who

¹⁸ The report of 'Census on building area in the third quarter of 2003' shows that 68.3 percent of new buildings in Thailand are in the accommodation category, while the commercial buildings were 14 percent of investment in the same period.

Source: Thailand National Statistic Office (NSO) [Online available:
http://service.nso.go.th/nso/nsopublish/service/survey/build_areaq3_46.pdf]

campaigned for accessible facilities for disabled people depicted the gaps in law implementation as being embedded in

"the nature of building regulation [...] they always talk about size, number, and material. For example, for hotel building types, they said they must prepare handicapped rooms in a ratio of one room per every hundred guest rooms. So that, if the hotel doesn't exceed 99 rooms, there's no need to provide [accessible facilities]."

[Email, holiday resort owner, 26th September 2009]

In some cases, if a property has more than 2000 square metres in total, the owner divided the land into several pieces so that the requirement would not apply. This resort owner suggested that eventually *"you should push government to revise the existing law code and a new code should apply to existing buildings as well."*

It can be said that regulatory based administration is not necessarily the only effective way to achieve accessible facilities. As the former Prime Minister discussed with state officials in a workshop on disability development:

There is a need to change attitudes about the bureaucratic system of Thailand. Traditionally, we mainly think that everything must be legalised. It takes so long when things need to be done through the law, even changing the law itself. Laws can't help much. We should focus on efficiency and effectiveness of implementation, monitoring and analysing the outcome (Secretariat Office of the Prime Minister, 2002:67).

4.2.2 Access situation in transition

This section provides key information about the existing accessibility situation in the public places of urban Bangkok. It is a mixed experience. The Thai economic development has encouraged tourism. As a consequence, the country has invested heavily in urban physical development¹⁹ (Rondinelli, 1991:799). In this time of physical transformation, to some extent, accessible facilities have been created. However, more importantly, the inadequacy of user-friendly facilities has been compensated for by the hospitality of local people (Khupantavee et al., 2008). The following screen captions

¹⁹ The urban development plan of Bangkok shows continued expansion according to the Sixth National Social and Economic Development Plan. The plan focuses on making the growth of the Bangkok metropolitan region more orderly and efficient by integrating physical planning and infrastructure investment.

from an online forum and a travel agency website clearly depict this scenario of facilities for disabled people. This form of media is very up-to-date. The visitor found that a journey with a disabled child in a wheelchair in Bangkok is extremely difficult. However, conversations between different visitors and information from a travel agency showed that, whilst navigating around in the Bangkok city is a struggle, local people are willing to help. The following quotations are extracted at length from the screen caption (Figure 4.3) below.

A comment from a foreign visitor (Peter):

This is just to express our incredible disappointment during our holiday in your country. [...] Nowhere could we get across any road as no-one stopped at the pedestrian crossing. [...] Most shopping complexes have no type of toilets for the handicapped. Taxis most of the time refused to take us because of the handicapped child with us. Furthermore, holes in pavements and stalls on the footpath made it impossible to use a wheelchair.

A reaction to the comment above (Richard Barrow):

Although the situation in Thailand has improved over the years, there still aren't many facilities for wheelchairs to roam in the city. [...] Do families hide their handicapped members at home because they are ashamed, or do we hardly see them because they physically cannot get around?

A contrasting view in response to those comments (David):

This isn't exactly my experience. [...] We have never had any problem with taxis and never been refused. Taxi drivers have mostly been very helpful and many have even balanced my wheelchair on the front passenger seat if it has proved too difficult to fit in to the boot of the car. [...] We do most of our shopping in shopping malls simply for the reason that they are so wheelchair friendly and do have disabled facilities, particularly accessible toilets.

Quote:

Originally Posted by **Richard Barrow**

In the Bangkok Post today, there was this letter from a disgruntled tourist:

Quote:

No place for the handicapped tourist

This is just to express our incredible disappointment during our holiday in your country. We have a wheelchair-bound child and we found the complete lack of facilities for the handicapped disgusting.

Nowhere could we get across any road as no one stopped at the pedestrian crossings; the only way across was by "overpass", which has no handicapped facility. Most shopping complexes have no type of handicapped facilities including toilets for the handicapped. Taxis most of the time refused to take us because of the handicapped child with us.

Furthermore, holes in pavements and stalls on footpaths made it impossible to use a wheelchair. A warning must be issued by foreign governments on the dangers facing handicapped tourists here.

PETER

Although the situation in Thailand has improved over the years, there still aren't many facilities for wheelchairs to roam in the city. But then, coming to think of it, how many wheelchairs - and baby prams - do you actually see in the city? Do families hide their handicapped members at home because they are ashamed, or do we hardly see them because they physically cannot get around? Must be the latter because you rarely see babies too. But there must be more to it than that.

Well this isn't exactly my experience. ☹️

Sure, Bangkok is difficult to get around and the pavements are full of obstructions and holes. But I've been other places in Thailand that are not quite so bad. As for traffic not stopping for you to cross, well that isn't unique to Thailand, and in Bangkok it is often so slow moving you can slowly work your way through it and across the road if you are brave enough!!! So yes, Bangkok is quite difficult in this respect, so for getting around we mostly use taxi's.

Which brings us on to the point about taxi's. We have never had any problems with taxi's and never been refused. Taxi drivers have mostly been very helpful and many have even balanced my wheelchair on the front passenger seat if it has proved too difficult to fit in to the boot of the car. With songthaews drivers have always allowed me to sit up front with them, even in some cases making their wife go sit in the back. 😊

The comment about shopping centres I find most confusing, we do most of our shopping in shopping malls simply for the reason that they **are** so wheelchair friendly and **do** have disabled facilities, particularly accessible toilets... We have been to more different, Carrefour, Lotus, and Big C malls than I can remember and have only ever had one difficulty - we like to go drink coffee in 'Black Canyon Coffee' and there was a branch in Big C Pathumwan/Pratunam where the entrance was 'exactly' the same width as my wheelchair. We got in and out with some difficulty and the staff were very apologetic and said they would see if something could be done about it.

As for the person who wrote the letter to the Bangkok Post, I am assuming that they are writing it from an American point of view where disabled facilities seem to be even better than they are in Europe so are expecting a higher standard than we are used to. (My assumption for this is because they use the word 'handicapped' rather than 'disabled', and also another phrase that is also frowned upon by British disabled people.)

Like Richard says, I too have seen very few disabled people in Thailand, tourist or locals. I can think only of a young lady seen often around Pattaya and Jomtien at night time that has only one leg, she goes around photographing people for a small charge. And in the same area is a gentleman in a wheelchair that has no legs, he goes around with a basket of cigarettes and other small items to sell. And in Bangkok near to the New World Lodge hotel I have often seen a car parked and on the registration plate the bit that would identify where the car is registered is replaced by the blue disabled person logo.

David

Figure 4.3 A discussion on a webboard about access situation in Thailand

The original post of in a forum of a website reveals the access situation of disabled people from the viewpoint of foreign visitors in Bangkok

Source: <http://www.thailandqa.com/forum/showthread.php?t=16428&highlight=wheel+chair>, 10th October 2007

While the facilities are still absent and there are impediments facing disabled users, disabled people can rely on others. In contrast to the disappointing experience of one visitor above (Peter), the inadequacies of accessible physical facilities are compensated for by the hospitality which is provided by the tourism sector. Here is an example of the special service offered by one local travel agency (Figure 4.4):

Our guides and drivers have been trained to accommodate wheelchair on tours, in vans and at visitor attractions. [...] We can also advise on suitable hotels and other accommodation experienced in dealing with disabled visitors.

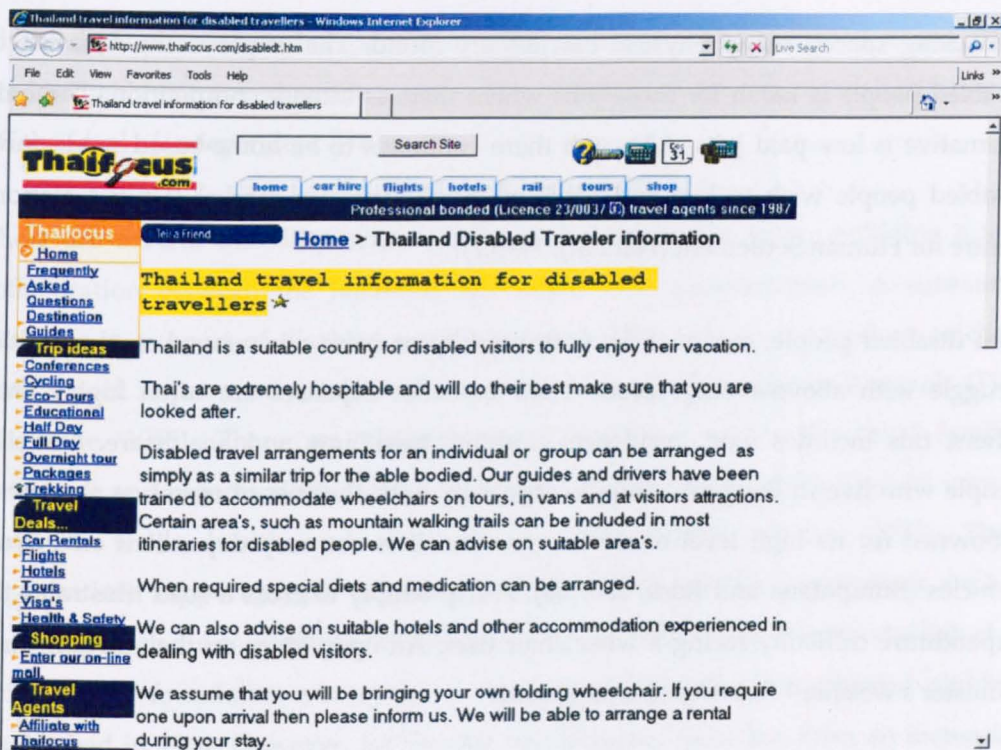


Figure 4.4 Information from a travel agency for disabled tourists

Source: 'Thai Focus' <http://www.thaifocus.com/disabledt.htm>

4.3 'Kon Pi-garn': being disabled persons in Thai society

This section provides background about the lives of Thai disabled persons. What is life like for those with some forms of impairments in Thai society? Unlike disabled people in developed countries, where disability allowances can be an important source of income, the finances of disabled people in Thailand are tremendously dependent on employment patterns and places of residence. In many cases, a drastic reduction in income occurs when they cannot pursue their work. Although the Thai Government provides a monthly allowance for people who are registered, the amount of 500 Baht per month is still insufficient²⁰. Similarly as in other developing countries, disabled people seeking employment face extreme difficulty. Jobs simply do not exist and even

²⁰ Thai people who register as a 'disabled person' are eligible to receive 500 Baht per month for compensation. Five hundred Baht, approximately ten GBP, is very low compared with household expenses. The average expenditure of a household (people who live in the same residence and not more than five people) is approximately 320 GBP per month. Source: National Statistical Office of Thailand (2007) *Average Expenditure per Household* [Online]. Available at: <http://portal.nso.go.th/otherWS-world-context-root/index.jsp> (Accessed: August 2008).

in housing spaces, many physical barriers are found. The employment situation of disabled people is harsh for those jobs where there is intense competition. The only alternative is low paid jobs. Although there continues to be home-based work, most disabled people wish to live and work in the mainstream market (United Nations Centre for Human Settlement (Habitat), 1993:7).

Thai disabled people, except those with wealthy or more advantaged status, usually struggle with above-average costs. Their essential expenses are often higher than others; this includes food, residence, clothing, travelling, and healthcare. Disabled people who live in Bangkok struggle especially with the cost of travel, as the city is renowned for its high level of car use and dwellers are very dependent on private vehicles (Burapatana and Ross, 2007:60). A trip simply to cross a road illustrates the expenditure difficulty facing a wheelchair user. An open letter on the current Prime Minister's website²¹ *Ridership [alias name]* said:

*Have you ever known how Kon Pi-garn [disabled people] cross the road?
They have to hire a taxi or tuk-tuk [auto rickshaw]. It costs at least 35 Baht for
a trip (Ridership (Alias), 2007).*

Besides extra payments to cope with absent or inadequate accessible facilities in public places, disabled people, in particular those who live in urban settings, struggle with the cost of housing. Due to the high price of scarce urban land, people with impairments living in municipal areas struggle with residential prices. The vast majority of the multi-unit structures provide inadequate accessible features such as lifts or ramps, or offer none at all. The extensive home modification in the city, where it is expensive, has resulted in considerable expense for the disabled resident, particularly for wheelchair users (Sawadsri, 2007:152; United Nations Centre for Human Settlement (Habitat), 1993:8). In addition, although there are more essential accessible facilities provided in urban areas compared with suburban or rural counterparts, disabled dwellers often find it is impossible to use such features. Disabled employees, for instance, must pay for the extra costs of travelling to daily work such as taxi services, private cars, or a personal assistant, because accessible public transport is rare. It is clear that these

²¹ This question was posted on the official website of the Thai Prime Minister in July 2007 Source: <http://www.abhisit.org/smf/index.php?topic=958.0>

disabled people with such expenditure patterns, either with or without employment, are inevitably entrapped within a perception of being burdensome as well as being far off the ideal of independent living.

There are several disability organisations organised by the state, including a joint collaboration between the Japanese and Royal Thai governments²². A substantial initiative in support of disabled people began in 1938, when an American teacher²³ with visual impairment established the school for blind people in Bangkok (Time Magazine, 1955). There are philanthropic foundations under the royal family's patronage and organisations created by society's elite groups, which work in various ways to tackle health and disability concerns (Vichit-vadakan, 2003). These organisations support people according to their distinct specific impairments, such as the King Mother's foundation for children with mobility impairment established in 1954, or the foundation set up by a royal family member for retarded children established in 1964. However, for the last two decades, there has been an increasing number of disability organisations and informal groups initiated and run by disabled people themselves. These disabled individuals and their networks have founded organisations to focus on improvements for their specific needs after a group of blind people initiated their self-help organisation in 1967. Other disabled self-help organisations were created such as the Council of Disabled People of Thailand, established in 1982, and the Council of Deaf People, established in 1984.

In general, disabled people in Thailand still struggle to cope with deprivation concerning their economic wellbeing, health, and physical accessibility. In the following section I will discuss the significance of the social system which influences the views of society towards state provision for these citizens.

²² Asia-Pacific Development Centre on Disability (APCD) is a regional centre, which is organised by and with disabled people. It has been endorsed by the United Nations Economic and Social Commission of Asia and the Pacific as a regional cooperative base for its Biwako Millennium Framework for Action towards an Inclusive, barrier-free and rights-based Society for Persons with Disabilities in the Asian and Pacific Decade of Disabled Persons, 2003-2012.
Source: <http://www.apcdproject.org>

²³ Miss Genevieve Caulfield is a volunteer with visual impairment who flew to Bangkok to teach blind children. She is the disability pioneer who established education for disabled people in Thailand.

4.3.1 State policy and the body

During the 1940s and 1950s, the Field Marshal Phibunsongkram era, the state invested heavily in efforts to build a '*new Thailand*'. Scientific reasoning was adopted compatible with the national culture to achieve a vision of a civilized nation expressed through the physical bodies of their citizens. The Government issued a series of directives enforced through state mechanisms to regulate the physical and cultural aspects of the body. A study by Kawinraweeakun (2002:33) reveals the key element to prepare a country to become a '*superpower nation*' is to have a healthy population of up to 40 million people. In this era, state provision referred to the '*Eugenics*' concept and the development strategy were based on statistical information in order to indicate the desirable target population. The Government encouraged people to drink cow's milk as a source of high protein (until that time, Thais had never had milk from cows as a regular part of the daily diet).

In one sense, the state strategy can be seen as an exercise in power over its citizens through control of their bodies (Prachathai in Midnight University Organisation, 2008). This power of control over individual's body parts makes the individuals control the self according to the external power's will. The state disseminated knowledge and information about how to be '*normal*' and healthy to its people. At that time, the state redefined the characteristics of a '*perfect body*' for men and women. The concept of beauty was changed: for instance, in a traditional play or '*Li-gae*', the actor with a willowy slender figure was then criticised. The new idealistic figure was defined as brawny, athletic, masculine, and capable of physical hard work. This notion was engendered publicly through the figure competition '*Chai cha-gan*' [fully-grown man] in the New Year Fair in 1940 (Kawinraweeakun, 2002:111). Examples of '*Li-gae*' actor and '*Chai cha-gan*' are shown in Figure 4.5.



Figure 4.5 Images of idealistic males by the state propaganda about healthy citizens

Sources: (left) a drawing of a 'Li-gae' actor by Image Thailand Electronic Museum (ITEM Studio) <http://www.itemstudio.org/forum/viewthread.php?tid=1868> (right) a 'Chai cha-gan' or male figure competition in 1950s -1960s in a web blog, photo by Utai Wongkul <http://olppicture.blogspot.com/2006/12/029.htm>

Similarly, women were defined in ways which differed from existing preferences for a slender shape. The writing of Pojanalawan (2009) describes the '*healthy and beautiful woman*' in that period through a set of criteria used by the Miss Siam competition. The '*beautiful woman*' should be at least 156 centimetre in height, 50 to 55 kilograms in weight, 81 centimetres around the chest, 63 centimetres around the waist, 84 centimetres around the hip, and 32 centimetres around the neck. In the process of searching for a perfect female, women's bodies tended to be perceived as objects which should fit with those criteria:

Once all criteria are met, she needs to be measured around her body. It is necessary to check whether she has a humpback, is round-shouldered, and has decaying teeth or bendy-legs. The way to measure her legs is to carry this out when she stands upright, with both heels and toes juxtaposed and then look in between both shins, if there is no big gap, she passes the test (Pojanalawan, 2009).

The state not only intervened in the way the body should look or function. The small social unit of the family was also a target for state intervention. The Government provided a criterion for finding a spouse. The official leaflets 'Golden Gate to Wedding

Life' [*pra-too tong soo cheewit wiwa*] in approximately 1943 (Kawinraweekun, 2002:33) gave this guidance:

If it is accepted that healthy genes are vital to produce a healthy body, you should take seriously the importance of selecting a healthy spouse to marry. You should not marry anyone with disease because you feel pity or for any other arbitrary reason; it will lead to a disaster. You should instead act with concern for the nation as your first priority, and cooperate with building the nation for the future.

It is clear that the state sees an individual who has disease, a genetic illness or an impairment as failing to qualify as worthy of having children. For some people who wished to get married but whose health was not certified as 'healthy' by the medical professionals, they had to postpone their wedding plans until the problem was cured (Pojanalawan, 2009). By defining so explicitly what is regarded as a 'healthy body', the Thai people in that era were increasingly aware of living according to the 'norm' of society. Those who cannot fulfil such norms, such as people with physical or mental impairments, tended to be segregated and distanced from mainstream social activities. Consequently, the state policy about being 'normal' outlined above was reflected in the attitudes of the medical professionals. Disability was seen as an individual problem which the disabled person must cope with. The discussion among policy decision makers on 'Disability Law for Thai Society' in 1987 illustrates such a notion. In developing disabled people, the physician suggested that:

[...] disabled people have their disadvantages in the ways they are pettish, introspective, untidy and uninhibited, and these characteristics impede their participation in society. I think what we should do is to adjust the disabled individuals' mindsets in the adverse direction. They should try to socialise more, to dress properly, and be more pleasant to others (Disabled People International-Thailand, 1987:39).

In some cases, disabled people, as a result of such attitudes, were segregated and held in specific institutions such as rehabilitation centres, mental care centres and the like.

4.3.2 Education of disabled people

Compulsory education of Thai citizens started in 2002. The Minister of Education offers twelve years of free basic education to students nationwide. In 2006, the literacy rate in

Thailand was 92.6 percent of the Thai population (Federal Research Division, 2007). However, such figures do not include disabled children. Roeder (2001) reveals that a negative notion of disability limits educational opportunities for disabled children. A traditional perception of disability as a punishment for past acts leads to families being embarrassed to have a child with impairment (Kanchanaporn, 2009). Therefore, children with any kind of impairment are frequently sheltered and protected within their family. For this reason, prior to 1992, disabled children were exempted from going to school. Furthermore, the majority of state schools are unable to provide an education for young learners with '*special needs*' (Roeder, 2001). Nevertheless, the new draft of the Constitution in 2007 guaranteed the rights of disabled children in the Education for Disabled Persons Act 2008, which meant disabled learners could access all levels of education throughout their lives (Thai Disabled Development Foundation, 2008).

4.3.3 '*Kon Pi-garn*' and marginalisation

This section provides an overview of the lives of Thais with impairment. During the last four decades, the country's social and economic development plan has been based on centralisation management. This centralisation refers both to the focus of authority and power in a small group of advantaged people and also to the geography of the capital city which is located in the central region of Thailand. Wahn-geaw (2001) points out that the least advantaged group (disabled people) have been marginalised in a far broader sense than simply being unable to physically reach centralised resources. Rapid social and economic changes have also pushed the least advantaged people to the edge of employment opportunities as well as the edges of participation within mainstream social activities.

In '*The Bitter Sweet Lives of Disabled Persons*', Hong-ladarom (1999), who is quadriplegic, expresses the frustration of struggling to obtain services and health benefits from the Government. Furthermore, her '*Disabled Persons Sued the Society*' (Hong-ladarom, 2000) reflects the negligence of the government and society. The Government's non-enforcement of its regulations has been put in print before. Hong-ladarom reveals misconceptions toward disability based on religious belief and practice, as well as her struggles caused by attitudes and environmental barriers. She

suggests that the disabled community should engage more with government officials. Disabled people should be proactive and work with those officials who are supposed to represent disabled people. In addition, in her role as an architect, Hong-ladarom attacks the role of building professionals who often ignore users who have impairments. Hong-ladarom (2000:82) tells stories showing how negative attitudes themselves are the key barriers. She was refused permission by a state official when she asked them to provide an access feature. The Rector of Public Work Department gave as the reason that *'there won't be any disabled people coming to work in my department, so there's no need for a ramp'*. She suggests it is necessary to add sympathy and humane outlooks if legislation and law are to have their desired effects.

In contrast, Pra-pawadee (2007) in *'Some Shiny Stars'* conveys some current examples of disabled people who, having been removed to the fringe, have been able to find value and pride. These examples illustrate the lives of disabled individuals in rural areas. For instance, one wheelchair user lives his life independently by keeping chickens for eggs at the same time as taking care of his mother; he could not possibly have achieved this in Bangkok. Whilst this is a positive story, it suggests that disabled people have been marginalised not only in terms of material resource but also in geographic distancing.

The process of marginalisation is also seen in everyday experiences such as how disabled people are shown in television programmes. A reality show *'Wongwian cheewit'* (vicious circle of life) broadcasts each day scenes from the lives of disabled people who struggle such problems as being left alone in a house or being a burden to their family. Every show ends up by requesting the audience to donate some money for the subjects. This programme has a significant impact on the views of disabled people in the TV audiences.

We have seen that the current situation and social status of disabled person in Thai society today is in part the result of state policy in the past. The following sections will provide another three dimensions of the social system: the cultural, political and economic factors influencing the perception and treatment of disability in Thailand.

4.4 Culture and disability

This section covers the cultural elements that influence the ways society thinks about and treats disabled people and whether and how accessible facilities are added to the built environment. The accounts here will be analysed within Chapters 5 and 6. Religious interpretation is the core of this section. Ninety-five percent of the Thai population are Buddhists. The religion can be interpreted in two ways. According to Katsui (2005), there is: 1) the religious interpretation which consolidates people's viewpoint that there should be no discrimination based on differences of bodies and mental capacity, and 2) the interpretation of the scriptures which can lead to a negative image of disabled people. Both perspectives can be seen as explanations of why disability exists.

4.4.1 Religious interpretation and understanding of 'Pi-garn'

Many writers have noted that disability is perceived in Thailand as a result of wrongdoing in the past for which they are punished in this life (Naemiratch and Manderson, 2009; Kijtham, 2008; Riewpaiboon, 2008). However, Namsiripongpan et al. (2003:31) contend that the Buddhist scripture instead teaches that the value of a person should not be based on their differences but on their present behaviour. Katsui (2005:3) notes that religious factors cannot be completely separated from other factors that co-exist in society. In Thai society, Buddhist philosophy has been implicated in the hierarchical social system, which justifies inequality as '*natural*'; disability is seen as an individual or personal tragedy. This interpretive approach is consistent with the persistence of the patron-client system e.g. those of superior status such as the king, monarch, and members of the elite should do good deeds for their subordinates (Neher, 1994; Girling, 1981). Hence, the social status of disabled people has been seen as inferior, because they have individual difficulties which require help from others.

Religion has been seen as a powerful tool in communicating between the state and its citizens. Hence, it has played a crucial role in providing guidance and explanations about the essence of existence. Aeusrivongse (2009) believes that the Buddhist way of explaining life—with our present circumstances being shaped by previous lives and in turn affecting the next one—is challenged by globalisation and modernity. Modern

scientific knowledge introduces a new concept of our physical existence and life that is rooted in current cause and effect. People can see that disease can be the cause of illness. Seeing disability as a result of wrongdoing from the past has therefore been in decline.

Social constructionist writers regard disability as a product of social and physical barriers which are imposed upon individuals with impairment. The Buddhist idea of physical form influences the view that a disabled body is incomplete (Naemiratch and Manderson, 2009:482). This religion, therefore, as a philosophical and cultural ideology does help explain the belief frameworks and attitudes that produce disablement (ibid.:486).

In addition, religious dogma has also influenced the meaning we give to a body which is incomplete and the language used when describing a disabled individual. In the Thai language, '*Pi-garn*' is literally translated as crippled, defective, or disabled (Garden and Wannapok, 2006:373). It generally refers to a person or a personal condition which is mentally or physically incomplete, perhaps due to the absence of physical body parts, or to physical dysfunction. Likewise, '*thoop-pola-bhaap*' is literally translated as to be disabled, crippled or incapacitated (Garden and Wannapok, 2006:250). These terms, which have negative connotations, are influenced by the religious definition of the body. In Buddhist scripture, the meaning of bodily status is grounded in the five aggregates *Khandha five*²⁴. This view that the body is made up of different elements has influenced notions of health and illness (Naemiratch and Manderson, 2009:479-480). This can be taken to mean that if anyone is missing one of those five components, that individual is considered lacking and is not fully human.

4.4.2 Belief in karmic fortune: 'Boon-Baap' and responsibility for 'Pi-garn'

The belief in *karma* is an essential component in the Thai concept of disability. The person with superior status with more advantages of wealth or power is believed to have 'acquired' their position because of the merit in their past actions. The

²⁴ Khandha five says the body consists of physical and non-physical forms of self. There are 1) Roop or the physical form of self 2) Vinyan or awareness and consciousness, 3) Vethana or feeling, 4) Sanya is memory and perception, and 5) Sang-khaan is various mental activities and violations (Naemiratch and Manderson, 2009).

circumstances, at any time in life, of an individual are determined by the law of *karma* in the way that good actions will produce good results; sinful actions will produce bad results. The consequences are inescapable (Girling, 1981:32). However, for non-Buddhists, Miles (2002:99) suggests acknowledging that *karma* might not be an inescapable doom, but instead is a neutral force. The teaching of *karma* is intended to stop misdeeds now, rather than deliver retributive fate in the future. Nevertheless, both perspectives lead to a belief that something bad which happens in the present is the result of past actions, either in this or a previous life.

Having an impairment has been understood as a misfortune or a result of wrongdoing in the past. This negative interpretation of being disabled significantly affects the lives of disabled people, and to a certain extent even threatens their lives²⁵. There is a belief that it is good to achieve merit or *Boon* in order to eliminate sins or *Baap*. This viewpoint leads to help for disabled people being seen as an individual and charitable approach. Doing an act of charity or '*tham-boon*' has been interpreted as a way to avoid *Baap* (sin) in the future. Furthermore, the person with impairment, who is often regarded as a person who carries *Baap*, may behave in particular ways in order to reduce their '*Baap*'. Negative merit or *Baap* in the past or present life, conversely, might result in life disasters such as family disharmony, lost of a beloved person, or injuries. For Hanks (1962:1247), although in the English speaking culture '*merit*' implies a fixed characteristic, the Thai sees an individual always gaining or losing merit. In this sense, disability is taken to mean an individual dynamic measurement of negative causes and effects. Belief in *Boon-Baap* and its consequences still persists today in Thai society. For instance, there was a news headline in 2007 which reported that a 77 year old monk with mobility impairment used a tricycle to travel around the country to '*pay back his karmic misfortunate*' (Kom-Chad-Leuk Online, 6 May 2007). This is seen in Figure 4.6.

²⁵ A research report by Namsiripongpan et al. (2003) reveals misconceptions about having a disabled child leads some parents to have a negative impact on their lives. Some parents are afraid of being blamed as a sinful family, and sell their disabled child to beggar gangsters. For instance, Prayat Phunong-ong who is a blind was about to be sold to a beggar gangster by his father, but his sister stopped her father and asked to adopt him. His sister gave him an education. He is now the president of the Dhammikkachon Foundation (support for the blind and multiple disabled children).



Figure 4.6 A Buddhist monk is cycling around the country according to his karmic belief

Source: Kom-Chad-Leuk, Online Newspaper, 6 May 2007. This story was published about a Buddhist monk with mobility impairment who made a journey around the country as he claimed to reduce his karmic misfortune

Additionally, feelings of sympathy constitute unequal relationships and experiences for disabled recipients. Buddhist philosophy was interpreted as saying that the individual is responsible for his own destiny and that one can change destiny by an accumulation of religious merit (Cooper and Cooper, 1991:82). At present, merit making is widely accepted, although there has been increasing public scrutiny and improved transparency to assess how merit donations may be misused by religion-based organisations (Vichit-vadakan, 2003:290). *Tham-boon* (making merit) or charitable actions characterise social behaviour between superior people and their subordinates (Naemiratch and Manderson, 2009:480-481). However, for Girling (1981), making merit is a reciprocal relationship, although it is between people who are seen as unequal. People of superior status must generously provide gifts for their subordinates or those of inferior status (Girling, 1996:57). In turn, the people lower down the social status seek to please their patron to receive favour and security. For Thai society, the general feelings toward subordinated people, in this case, disabled people, is '*Songsaan*' (pity, with the recipients seen as rather pathetic). According to Naemiratch and Manderson (2009:481), if a person appears who is destitute or has a physical disadvantage, the wealthier or able-bodied person should help in any way possible e.g. assisting a blind person to cross the road, or donating money to help disabled people. To a certain extent, *Songsaan* has negative connotations in the way it generates feelings of pity rather than compassion for the disadvantaged (Girling, 1981:33).

The intention of disability policy, therefore, often tends towards correction for an individual with impairment, to help them to be 'normal'. The Rehabilitation Act for Persons with Disabilities in 1991, for instance, focuses on medical, healthcare, and employment opportunities for individuals with impairment²⁶. Although there have been several revisions of Disability Acts since 1991, with the terminology of 'Pi-garn' shifting from targeting personal deficiency to environmental barriers, the static stereotype image of disabled people still persists and influences how well the regulatory intent is achieved in practice.

This concept of disability not only influences the policy makers, it also shapes self-perception amongst disabled people. Following the view of merit making, disabled people have the role to play as passive recipients. Employment policy tends to provide some jobs 'for' disabled people such as selling lottery tickets. Even though this may be seen as a fairly unsatisfactory job, disabled people seek to 'secure' this position. Priestley (2001:7-8) describes a disability initiative in Thailand:

[...] in the same week that disabled people's organisations in the UK were campaigning against the principle of charitable support from the National Lottery, disabled people in Thailand were protesting to maintain the employment of disabled Lottery ticket sellers.

The mindset about disability is crucial because it shapes the way non-disabled and disabled people treat one other and themselves. The development of advanced medical science has challenged past explanations of disability. On the one hand, the new ideas have replaced the traditional idea about the cause of disability (as something abstract such as wrongdoing in the past) with more objective and coherent explanations. On the other hand, by separating the biological body from the spiritual, it perpetuates a notion that disability is a difficult for those who have bodily differences. It can be said that explanations both from religious interpretation and from medical science individualise disability problems.

²⁶ In the Rehabilitation Act for Persons with Disabilities(B.E.2534) 1991, the term 'Rehabilitation of Persons with Disabilities' refers to the promotion of competency or ability of disabled persons through medical, educational, and social strategies including vocational training in order to provide opportunities for them to live and work in society like 'normal' people in society. Source: Government Gazette (1991) *Rehabilitation Act for Persons with Disabilities 1991* [Online]. Available at: http://www.nep.go.th/uploads/files/r02_01.pdf (Accessed: June 2006).

4.5 Political culture and disabling built environment

This section discusses the political culture of Thailand which affects accessibility in the built environment. There are two main political aspects, the first of which sees the vertical relationship between the authorities and the people reflected in the state office buildings. Secondly, various perceptions about the meaning of 'public' used by access legislation and the general public have different impacts on the accessibility achieved by disabled people. In addition, the political relationship characterised by the phrase 'patron-client' is significant in maintaining physical barriers for disabled people.

4.5.1 Vertical relationship of power and inaccessible buildings

In some areas, disabled people are oppressed, sometimes unintentionally, through the inaccessibility of the built environment. The vertical hierarchical power of the authorities is reflected in the design of two-storey buildings used by state offices, such as the municipality headquarters. This kind of building provides only steps at the entrance and is often elevated above the ground level. Consequently, this built form makes it difficult for people with mobility impairment to physically reach the administrative authorities.

Aeusrivongse (2010:25) points out that since the political revolution in 1932²⁷, the government has represented the role of 'kingship' within Thailand. The two-storey building with a staircase in the centre is a typical style of state office building. He argues that this design conveys the power of the state over its people: *'those two levels refer to the unequal level of power between the state and the people'*. In many cases, it impedes political participation by disabled citizens, such as when polling stations are on the second floor without a lift service. This is an example of how one disability activist experienced this kind of buildings as oppressive architecture. Mr Topong had to request the staff to provide a temporary ramp at the polling station so that he could get into the building to vote (Figure 4.7). He managed to find a solution but this might not be the case for other disabled people who may feel uncomfortable about asking for assistance. This would further oppress and limit their political participation.

²⁷ In 1932, Thailand transformed its political regime from absolute monarchy to constitutional monarchy.



Figure 4.7 Topong is negotiating with a temporary-made ramp to reach the poll station

Source: Personal email, 2007

4.5.2 Perception of the 'public', patron-client relation, and disabling barriers

There are two main issues discussed in this section. Firstly, we look at the complexity of disabling barriers when the general awareness of the meaning of 'public' is different from what is stated in the law. Secondly, the existing political culture, such as the patron-client relationship between people and their state authorities, maintains physical barriers in public places, even such places as pedestrian systems. The usual definition of '*sa-dharana*' or '*public*' has been perceived as places or goods of benefit to individuals. In Bangkok, there have been many vendors who compete to use footpaths as places to generate their income. The vendors pay '*rent*'²⁸ to the state officials and the property owners. To a certain extent, this political culture means that obstacles – the vendors and their stalls – remain on pathways. Therefore, disabled people are the most vulnerable group affected by this political relationship.

Discussion of '*public*' in this section refers to the public pedestrian system. This is selected as our focus because, in principle, this system should be useable by all people. However, the work of Koonphol (2001) reveals that individuals, particularly those with different economic, socio-cultural backgrounds, have their distinctive ways of

²⁸ The word '*rent*' is commonly used by the footpath sellers. However, this term can be seen as an informal way of doing business between street vendors who work illegally and the state officials who are in charge of public goods and also the property owners. Therefore, the term '*pay the rent*' in this context refers to the way those three parties negotiate their benefits from the public good.

utilising public resources. Public space is also a product of the lived experience of users. Suwatharapinun (2005:37) suggests that representational space leads us to think about those whose lives actively produce spaces. The footpath vendors produce their 'public' space through their daily practice. In many cases, their use of footpaths for their mobile stalls unintentionally creates greater obstacles for disabled users.

In addition, spaces and public facilities are vital for delivering disabled people's wellbeing. Khupantavee et al. (2008) points out that inaccessible public places prevent disabled people from living independently, which is a key indicator of 'wellbeing' for everyone. Hence, inaccessible pedestrian systems constitute not only physical constraints but also lead to social oppression and the isolation of disabled people. Somboonboorana (2004:128) asserts that the use of streets is a method of expressing freedom and rights, which is an important element of citizenship. Without doubt, moving along a footpath, the most basic means of transport, leads towards the achievement of many other basic needs such as employment, socialisation, education, independent living and so on. As one scholar who is a wheelchair user himself emphasises, the significant result of the inaccessibility of public facilities is that:

We become alienated, we become ill, we become poor and marginalised. And there is a vicious circle which many of us know: exclusion from transport makes it difficult for us to organise to fight against that very exclusion. It is difficult for disabled people to get together to form groups to fight against the very thing which prevents us grouping (Heiser, 1995:56).

It is also important to note that wording which refers to 'public' can be understood in different ways. The words 'sdhandhi sa-dharana' or 'public places' have been used in the recent Ministerial Regulation Accessible Facilities in the Buildings of Disabled Persons and the Elderly 2005 (Thailand Government Gazette, 2005). In the Thai-English dictionary, 'sa-dharana' means 'public, common' (Garden and Wannapok, 2006:531). However, in a contemporary city in Thailand, the meaning of public or 'sa-dharana' is dynamic and changeable. Furthermore, the meaning of the words built environment is not only a reference to a spatial point of view, but also depends on the activities which take place on the spaces: the subject taking part in those activities identifies the position and relationship of the spaces with himself/herself. This kind of relationship can be defined by feelings or what is seen (Somboonboorana, 2004:112).

Although footpaths are provided by the state, the multifaceted usages of them fuses the meanings between 'private' and 'public' goods, and creates disabling physical barriers. For instance, the owners of a shop may lease the area in front of their shop for the street vendors (Figure 4.8). They also supply electricity for the night street food market. The vendors, then, publicly occupy such spaces even though this is in violation of the law.



Figure 4.8 A common scene of footpath vendors in Bangkok

The conflict of interest on the footpath can be seen as a key problem for pedestrians. There have been several attempts to eliminate these problems of obstacles on footpaths, such as the recent provision to remove street vendors or define specific areas for the hawkers²⁹. However, a recent survey of food vendors on footpaths of the BMA revealed the number of street vendors has increased to 17,329³⁰ in Bangkok in 2009³¹. Property owners take action to prevent vendor carts being placed in front of their properties, but this too results in physical barriers for disabled people. The household, business, and property owners place potted plants or park their cars on the footpath as a barrier in front of their places to prevent the vendors' carts being placed there. But

²⁹ The Bangkok Metropolitan Administration authority has launched a series of provisions and measures to restrict and remove the street vendors since 1972. **Source:** Nirathron, N. (2004) *Street Food Vending: success and indicators [in Thai]*, หานร่แผนกคชอาหาร:ความสำร่และค่วบ่งจ้. Bangkok: The Thailand Research Fund [TRF] p.75

³⁰ There were 17,329 street vendors registered with the Bangkok Metropolitan Administration in 2009, and 666 cases registered as 'clement points'. **Source:** Department of City Law Enforcement, Bangkok Metropolitan Administration Office <http://portal.bangkok.go.th/>

³¹ **Source:** Department of City Law Enforcement, Bangkok Metropolitan Administration Office <http://portal.bangkok.go.th>

there is another effect, as those barriers narrow the width of the pathway. Those barriers create greater obstacles for disabled pedestrians such as wheelchair users and the blind. These problems seem not possible to solve by a merely pointing out the planned solution, as the circumstances on footpaths involve diverse factors (Nirathron, 2004). Aeusrivongse (2000:19) contends that public facilities can be seen as a collective resource. Spaces on the pavement can be a place to earn a living for urban people with low incomes. Informal practices have been created on public spaces, such as state officials gaining rental fees from street vendors, as well as the shop owners, in order to increase their income. At this point, a '*common space*' can be perceived and interpreted differently. As a consequence, diverse groups of people in Bangkok tend to perceive their '*public walkways*' differently.



Figure 4.9 Unintentional barriers on footpath of disabled pedestrians

Shop-house owners put plant pots and park a car in front of their property

The vertical political relationship is a significant factor in creating physical barriers for disabled people. According to Girling (1996:56-57), Thailand has clear inequality and this is at the heart of the political process, pervading society from top to bottom, due to the '*patron-client*' relationship. Less powerful people, therefore, need to find a patron; their protection will give accessibility to resources. Those in the higher positions of authority must generate sufficient resources for their followers in order to retain their loyalties in the competitive struggle between factions.

This hierarchical interaction can be found at every level of society and *'the power stems from imbalances of obligations'* (Neher, 1994:950). A person who can supply what is demanded by those with few resources attains power over them. By collecting money from the footpath vendors, the *Tedskij*³² not only increases their income, but this practice can also be seen as an exercise of their authority. As a consequence, such reciprocal relationships maintain physical barriers in the pedestrian system. The following quotations taken at length from an article in the BK Magazine (Srisirungsamakul, 2008), perhaps provide perceptions of public space where the *'real'* function of footpaths ranges from a walkway, a source of income generation, to disabling facilities.

BK Magazine: 'Does the building owner complain about you setting up in front of their property?'

Vendor: 'No, because I pay them a rent and electricity charge. Then I also have to pay the tedskij and sometime the police too. [...] The tedskij comes every month. [...] with the police, it's up to their mood, but usually we have to pay two hundred Baht per shop.'

Other users with similar involvement in using footpaths react to the claim that it is a way of living their lives, as another vendor explained that they must pay for a space,

[...] of course, call it 'rent' if you like, but I'd rather call it 'a garbage charge'. You know, every month the tedskij will make a visit to collect the money, which can be anything from 1,500 to 3,000.

In contrast, the law protector did not seem likely to see these conflicts of interest as a problem, as one *Tedskij* explained,

We have many responsibilities, like helping the traffic police and working with the environment sections. Our duty is to take care of Bangkok and make sure everything runs according to the BMA [Bangkok Metropolitan Administration] laws. [...] I realise that we have not so positive public image. But really, it's not what you think. Most of the vendors are very cooperative and obey the rules, so there are hardly any issues.'

³² *Tedskij* is a common name by which people describe the state official who is an inspector in Department of Bangkok City Law Enforcement. Source: Department of City Law Enforcement, Bangkok Metropolitan Administration Office <http://portal.bangkok.go.th>

The word 'cooperative' of this state official can be understood in two ways. It could be that the vendors keep the footpath clean or, it could be a reference to the fact they pay the 'rent' without any problem. A spatial experience on a footpath for a disabled person, therefore, tends to rely on compromises between those actors including the state officials and street vendors. Furthermore, the state provision can also be a significant source of the creation of barriers. The recent voting campaign by the Bangkok Governor tended to maintain obstacles on footpaths, as one street vendor recounted, "When [Name] was the governor, there were talks about lifting the ban [to stop selling on Monday] so we could do our business seven days a week."

Similarly in another voting campaign, responding to climate change, the Bangkok Governor encouraged urban people to use bicycles. However, because of road congestion, the bike lanes were mostly placed in narrow strips alongside the busy traffic with some breaks, and otherwise they went on the footpath, see Figure 4.10. This campaign tended to reduce space on the walkway. It made the use of footpaths much more difficult for disabled users, in particular for people with mobility and visual difficulties. Like disabled people, the cyclists are also not satisfied with the practicalities of such biking provision, as one cyclist said:

[Comment on bicycle lanes] they are pathetic, sharing lanes on the sidewalk with noodle vendors and lottery stalls is a joke! We would rather ride on the street with the bus and taxi drivers than have to dodge pedestrians and street food carts, [...] there's more to be done than just creating bicycle lanes. One minute, it's on the sidewalk. Next minute, it's down on the road.



Figure 4.10 Bicycle lanes are provided by the BMA

Shows bicycle lanes which are provided by the Bangkok Metropolitan Administration (BMA) according to the Governor voting campaign. It is difficult to ride bicycles through those routes. (Left) and centre: a car and street food carts park on the bike lane provided in two white lines. (Right): a bicycle lane disappears near the end of a footpath without a dropped kerb.

The use of spaces on footpaths as a source of income generation was experienced by motorbike taxis. It is not only the driver who believes it is beneficial to use the walkway as a short-cut route to speed up their service; the client seems to agree with using the pavement for another function. An example of the footpath used by motor bike is in Figure 4.11. One motorbike taxi said:

[Riding on the footpath is] usually in the evening when traffic is bad. The fine is 400 Baht, but if I can negotiate with a police officer before he writes me a ticket, I pay only 200 Baht. It's better to pay a couple hundred than getting stuck in traffic. [...] they [the clients] don't complain, in contrast, they even like it because they get to their destinations faster.



Figure 4.11 Motorbike taxis are using footpath as their shortcut route

As a consequence, disabled people are faced by inaccessible public places where the challenges are a result of those complicated usages of footpath. One blind street performer shared this example with BK Magazine (Srisirirungsimakul, 2008):

I must take a taxi or a motorbike from my house. There's hardly anything to facilitate getting around the city. It's already very difficult for me to navigate through other pedestrians and all the vendors on the sidewalks. The sidewalks with those yellow buttons [Braille blocks] might seem useful, but vendors tend to set up their stalls on them, so most of the time, I end up bumping into or tripping over someone's stuff.

It is clear that sharing this common public resource between distinctive interests leads to the question of how those who carry out these practices can achieve common agreement. Although there has been a solution offered by the law, which stated that public services must provide empty space on footpaths which are at least 1.20 metres wide (in Clause 4 of the Bill of Access Standard 2001, Thailand Government Gazette, 2001:52), its implementation still fails to deliver what has been promised (see for example in the Figure 4.12). Kabinlikkawanit (1998) points out that the implementation of the law will make effective progress as long as it does not change the existing bureaucratic administrative structures and regulatory culture. The key factor, Kabinlikkawanit suggests, is a need for communication between the different public work departments, a change of attitude by the decisive actors, and the cooperation of the media and general public.



Figure 4.12 A wheelchair user is passing through a night street market on footpath

We have seen that the two-storey buildings of the state offices and the narrow footpaths full of obstacles are not neutral constructs, although they are not intentionally created as barriers for disabled people. It is in fact, in most part, the result of the socio-cultural and political understanding that disability is a less important issue. In summary, the social and political culture is fundamental in creating disabling

barriers. In the next section, the economy and its impact on the creation of accessible facilities is discussed.

4.6 Economic development as a force for accessible facilities

This section focuses on socio-economic factors which both provide and limit opportunities for building accessible facilities. It firstly discusses how the country has adapted its approach to enterprise to become suitable for the new free market. This economic transformation has forced the emergence of accessible facilities for disabled people. This was evident when Thailand signed disability agreements and hosted an international disability games in 1999. Secondly, we examine the argument that the economic crisis in Thailand is not necessarily the only cause of the absence of access facilities but it is rather the attitude toward access for disabled people held by the relevant access practitioners.

The country began emphasising physical development after the first National Economic and Social Development Plan in 1961. The government has put a huge proportion of the national budget to invest in fundamental infrastructure in response to the transformation of industrialised methods of production. The projects mainly invest in building roads, electricity, and mass transportation. There was \$7.9 billion loaned from the World Bank to undertake those projects during 1950-1999 (Srisunt, 2007). The majority of the budget was invested in Bangkok and its vicinity. Despite this, the domestic investment in physical development has had little influence on achieving accessible facilities for disabled people. The transnational trade which arrived with external economic causes is, in fact, a significant force in access issues.

4.6.1 External and internal forces for accessible facilities

In order to accommodate the demand of new market economies, the country has adapted to the political ethos of democracy (Albritton and Prabudhanitisarn, 1997:82). A human rights issue, driven by pro-democracy regimes, is a significant external force for the emergence of access issues for disabled people. Within international trade agreements, Howse and Mutua (2000) suggest that international human rights should

be interpreted domestically and implemented as part of the obligation of all states. In addition, transnational trade also brought new ideas about disability in which international disability organisations influence the domestic organisations within Thailand.

Thailand signed up for key international standards within disability agreements such as that with the International Labour Organisation (ILO) Convention concerning Discrimination in respect of Employment and Occupation 1958 (No.111) although it did not ratify it; with the Convention concerning Vocational Rehabilitation and Employment 1983 (No.159) which was ratified; and recently, with the United Nations Convention on the Rights of Persons with Disabilities 2006 and Optional Protocol which it ratified in 2008 but did not ratify on the Optional Protocol. Thailand is also working to achieve targets set in the Biwako Millennium Framework for Action and Biwako plus Five Towards an Inclusive, Barrier-free and Rights-based Society for the second Asian and Pacific Decade of Persons with Disabilities (Pozzan, 2009).

There has been conflict between democratisation and universal standards (Schmidt, 2000). Since Thailand's struggle with the economic crisis in 1997, the country affiliated with the global neo-liberal capitalist economic approach. It urged both urban and rural developers to serve the demands of tourists. Although there have been increasingly accessible facilities in public places, those features tend to be provided for a certain level of accessibility. Here are some examples: a disability symbol will be seen at accessible toilets in the tourist attraction areas; a ramp in front of high street shopping malls; warning blocks on footpaths around the business district; the audio system in a lift of five-star hotels; and so on. However, disabled people faced with economic disadvantage and lack of opportunity to access proper employment find those 'accessible' facilities are impossible for them to reach.

Since Thailand received financial support from the International Monetary Fund (IMF), the World Bank, and the Asian Development Bank (ADB), the Thai government has been obliged to assure more concrete support for development programmes for disabled people. Access law is one of the key tools that drive the agenda for action. However, the agreement has rarely been practiced by government agencies. For instance, according to the Access Ministerial Regulation of 2005 (Thailand Government

Gazette, 2005), the measures have been applied within private enterprises, not within the government sector (Namsiripongpan et al., 2003:57). External forces include the funding support from foreign bodies. For instance, the new airport which was partly funded by the Japanese Government arrived with the condition that the project must provide accessible facilities for disabled people. Nevertheless, inadequate accessible facilities in the airport still impede equal use by disabled users (the airport case will be discussed in the next section).

International agreement has been a significant force for creating accessible facilities for disabled people. Kwok (1999) notes that there was an increasing awareness of disabled people when Thailand hosted the FESPIC³³ Games in Bangkok in 1999. The public perceived how their disabled athletes struggled with a lack of appropriate training facilities. Its original aim was to draw the attention of the government and society to see how disabled people can perform (Tongsiri and Taweangsangsakul, 1999:3), and subsequently, more people offered their support for long-term proactive policies concerning disability (Kwok, 1999). In addition, this event brought public attention to the lack of accessible facilities. In the same year, the government initiated the Year of Education for Disabled People. The enrolment (Tongsiri and Taweangsangsakul, 1999) of disabled students increased by up to a 100 percent³⁴, as reported in the government document (ibid.). However, in the same year the Bangkok Post published an article titled *'Disabled children still face many stumbling blocks'* (cited in Roeder, 2001:13). It doubted the readiness of the school system, in particular, the mainstream schools. The article showed that *'fighting misconceptions about the disabled and the lack of infrastructure such as access features continues to plague disabled students'*. In this regards, although the opportunity is available as we have seen in the FESPIC Game, this event is a temporary measure which cannot guarantee full access for disabled people. Nevertheless, following the project which renovated the main roads for the FESPIC Games 1999, there was a campaign announced by the Bangkok Governor to build eleven footpaths with fully equipped accessible facilities for disabled people (Tongsiri and Taweangsangsakul, 1999).

³³ FESPIC Games is the Far East and South Pacific Games for disabled people

³⁴ The percentage of successful admissions was calculated based on all schools which publicly announced that disabled children will be admitted.

4.6.2 Material deprivation and accessibility of disabled people

Thailand was one of the majority of countries which was faced the task not only of the eradication of poverty³⁵ but also the removal of discrimination against disabled people. While many countries celebrated when the United Nations Convention on Rights of Persons with Disabilities came to force in May 2008, it remained a great challenge actually to make disability policies become a reality. Thailand is one of the majority of countries which ratified this convention in July of the same year (The United Nations, 2008a). However, according to the World Health Organisation report, ninety percent of rehabilitation measures only took place in industrialised urban areas (The United Nations, 2008b).

Arguably, poverty is not the only explanation for the social exclusion faced by disabled people in Thailand. It is attitudinal barriers and local socio-cultural factors that require deeper study. As we have seen, the power of disabled people has been diminished by many causes such as the absence of accessible information resources, inaccessible physical spaces, and so on. Furthermore, the attitudinal barrier, based on the notion that disabled people are a minority group, without abilities and dependent, further weakens disabled groups. However, although Ingstad and Whyte (1995) point out that governments in the developing countries avoid spending money in the '*unprofitable*' departments of their stretched budgets, Roeder (2001) argues that it is more about the '*attitude*' of the government officials. He adds that '*more governments today acknowledge that investing in areas of social welfare can be more cost effective than ignoring the problem (ibid.:ch.3:16)*'.

One notable case can be seen in the new international airport '*Suvarnabhumi*' and the demand for a lift to be installed on the Sky Train project in Bangkok. The huge budget of 120 billion Baht³⁶ was invested in the new airport project (Airport-Technology.com, 2008). Due to a lack of accessible toilets, safety ramps, sound systems in lifts, Braille, and trained staff, disabled people and their organisations called for revision of the plan

³⁵ This was stated in the National Development Plan as the statement of problem of the National Agenda.

Source: Office of National Economic and Social Development Plan, (2006) First National Economic and Social Development Plan [Online]. Available at: <http://www.nesdb.go.th/?tabid=83> (Accessed: October 2007).

³⁶ 120 billion Baht is approximately 2.2 billion GBP.

and designs (Matichon Online, 2006). The critical access group the DPI (Disabled People International) revealed the negligence of the state authority. There were no access facilities for disabled people even in the airport master plan, even though the Transportation Minister was committed to build this airport according to 'American Standard' (Kulakanchit, 2007 in Thai Disabled Development Foundation).

In a similar case study to the airport project, the new elevated train system with a budget of 140 million Baht for lifts³⁷ ignored the needs of users with different abilities. As this system has high levels of station platforms, the absence of lifts makes it impossible for disabled users to use. A journalist who has worked with a wheelchair user for more than ten years can clearly illustrate this issue:

[T]he Sky Train planners figured it was completely logical to build lifts for disabled people at only six stations. That's right , 6 out of 24 stations. [...] the lifts were only on one side of the station! Some were outbound, some were inbound, but all ended up unused thanks to this ludicrous planning (Biggs, 2009).

Complicated problems hindered the lift installation resulting in the absence of access features for disabled people. The issue of whether it was feasible to have lifts at all stations seemed not only determined by the size of the government budget, as Petch revealed:

"I agree with the protests about lifts, but the problem is more complicated than that. Corruption is part of it, one lift is around a million [Baht], but until now for only five stations, it has cost 180 million already."
[Wheelchair user, and TV host, female (38)]

We have seen that the problem of the absence of accessible facilities in Thailand also lies in a lack of accountability by authorities, due to poor governance and transparency. Therefore, accessibility problems cannot only be explained by a shortage of resources, but attitudes toward disability.

³⁷ The plan in 1999 says that Bangkok Metropolitan Administration and public sector will install elevators in 11 stations with a budget of 140 million Baht (US\$ 3.5 million). Source: 2Bangkok.com, 'SkytrainElevatorsandEscalators'

online available: <http://www.2bangkok.com/2bangkok/Skytrain/BTSArch99.shtml>

4.7 Conclusion

This chapter has set the scene for a focus on accessibility issues for disabled people in Thailand today. It has explored various dimensions of '*Pi-garn*' and provided an overview of accessibility in Thailand. The creation of (in)accessible facilities has a reciprocal relationship with the understanding of disability in Thailand. We have seen that perceptions of disability, whether based on cultural belief or modern scientist explanation, revolve around individual problems and remedies. For instance, a well-known government-funded organisation is the NECTEC (National Electronics and Computer Technology Centre). This Institute mainly works on rehabilitation for impaired individuals with assistive technology. In a sense, this kind of individual rehabilitation and charitable support can perhaps mirror society's perception of disability as the individual problems of people who are dependent. Furthermore, the authorities emphasise the establishment of specific laws for disabled people. However, the results of those disability and access laws had very little impact on the accessibility of the greater part of the existing built environment. The regulatory struggles to implement accessible facilities are also associated with more complicated socio-cultural components. There have been needs to deal with perceptions of disablement, with the existing political culture as well as seeing opportunities for progress because of the transformation of the economy. The background outlined here is used in the analysis in the following chapters to explore ideas on how understanding of disability shapes the disabling built environment (Chapters 5 and 6), the process to achieve an enabling built environment (Chapter 7) and the way the disabled individual experiences spaces in one's daily life (Chapter 8).



Chapter 5

'Pi-garn': meanings, understandings, and impacts

"Pi-garn for me equals individual impairment adds with barriers [...] we are still in the Wedhananiyom [based on charitable views] which depends on power of the holders. The givers feel pity on the recipients, and have power to define direction of their life."

Monthian, activist, blind person, male (48), 10th September 2007

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5 | ‘Pi-garn’: meanings, understandings and impacts

Introduction

[...] disability, as a chaotic concept, needs to be problematised by recognising that it is neither uniform nor singular, but socially constructed, multiple, and dynamic (Imrie and Kumar, 1998:372).

Disability is complex, dynamic and changeable in different social contexts. Thus, it is crucial for a study of physical accessibility to understand how disability is socially produced. As stated in Chapter 1, the key issue in the first research question is the understanding of disability in Thailand. This chapter aims to explore how perception of ‘Pi-garn’ affects the lives of disabled people. The chapter examines key socio-cultural elements which make up the understanding of disability by society as well as the perceptions of disabled people. There are two ways to view disability, according to Freund (2001:692): firstly, it is associated with categorisation, when disability is defined by official institutions such as governmental policy or medical diagnosis. Secondly, disability occurs when impaired bodies come across the situation of ‘not being able to’. In other words, the former definition is legally or administratively defined, and the latter is a subjective definition of disability (Grönvik, 2008:2).

This chapter analyses three approaches. Firstly it examines the social processes which construct the meanings and understanding of disability which are reflected in the social produced references to disabled people. The second part, therefore, looks through social practices in responding to disabled people. Disabled people are not necessarily passive agents who accept socially constructed roles, but seek to contest and change attitudes and treatments which oppress them (Imrie and Kumar, 1998:364).

The final part explores the ways that disabled people react to those social constructed values placed upon them, which range from embracing, and rejecting, to reproducing the perceptions of them. In addition, there are two different formats in presenting information from interviews. The comments from disabled participants are presented in aligned texts on the left, and those of the non-disabled people are presented in aligned texts on the right. This aims to highlight disabled people own voices and to provide a conversational format in the discussions.

5.1 Two facets of 'Pi-garn'

The following two stories of disabled people provide some ideas of how '*Pi-garn*' is constructed and affects the individual's perception about the self. These were my personal experiences, based in my hometown. The first story is about Hui, who has palsy on one side of his body. The other story is about Anant, a wheelchair user who lives with post-polio. The two stories demonstrate that meanings of disability come from surrounding circumstances but differently affect perceptions of the lives of individuals with impairment.

A young man named Hui lived in a small town in a provincial community. Though his physical appearance was seen as '*incomplete*', his mind functioned perfectly. Every day, Hui always walked past along his neighbourhood with something to sell, such as sweets, and lottery or raffle tickets. His neighbours always supported him by buying something from him. People also knew that Hui not only worked for himself, but also for his family. Just 'Hui' was the name the community called him. This happened until some years later, when there was a call for military service. Although he was not qualified because of his physical condition, he got another name: '*Ngoi*' (or crippled) because his body did not fit with any '*normal*' criteria.

Some years later, the state called Hui to register to become a '*Kon Pi-garn*' (or disabled person). Despite the fact that Hui was given this label, of '*Kon Pi-garn*', the community also acknowledged that he would be entitled to receive disability allowance. Therefore, people were not so convinced that Hui still needed money from doing his job. Subsequently, there was a gradual disappearance of his customers. With less income to

try to earn, therefore, Hui tended to stay at home rather than be outdoors, stigmatised as '*Kon Pi-garn*' or '*Ngoi*'. This is the same Hui, but a man who is now more distanced from his community.

Another story is about Anant, an expert in country-style music, who earns his living as a radio host. Anant calls himself '*Kon Pi-garn*' because it was stated in the written document which he was given by the authorities. However, he refused this allowance from the state because he said that he can afford to make his own living. Moreover, his daily life involves indoor and outdoor activities. Anant usually drives his car as a volunteer to give lifts to a group of older people for days out. There were only two things that he always worries about: steps, and squat toilets. People around him call only his name '*Anant*' or '*DJ Anant*'.

In these ways, the circumstances surrounding disability influence knowledge of oneself and shape one's world or '*reality*'. The two stories illustrate two interlinked perceptions of the dimensions of disability. One shows how the social process defines and shows an impaired person's self perception and reaction to society. On the one hand, disability is not necessary inherent in the impaired body, as in Hui's story. However, it is associated with concepts and perceptions that revolve around the dynamic circumstances surrounded an individual's life. On the other hand, it is important to explore how an individual with impairment perceives himself as a '*disabled person*' as in the story of Anant. Freund (2001:692) notes that disability can be perceived in two different dimensions, one which refers to a socio-cultural status or category and another one refers to biological status. The first '*disability*' is associated with categories qualified by governmental criteria while the latter one is defined as '*one that can seem as part of a continuum where one is disabled in different spheres of life and to different degrees*' (*ibid.*). Furthermore, understanding of disability status changes over time. Therefore, it is important to understand that both senses of disability are defined according to socio-political and cultural contexts as well as how impaired people perceive it.

5.2 Construction of 'Pi-garn' in transition

The history of the portrayal of disabled people is the history of oppressive and negative representation. This has meant that disabled people have been presented as socially flawed able bodied people, not as disabled people with their own identities (David Hevey, quoted in Barnes, 1992:preface).

This study adopts a social constructionist conceptual interpretation of disability in which disability is viewed as a socially constituted phenomenon. Dear and Wilton (1997:455) point out that understanding about differences is significantly influenced by diverse socio-cultural and socio-political aspects such as dominant religious doctrines, cultural tradition, the prevailing political economy, medical knowledge, and so on. Those elements have occurred in different forms and the scale varies. This section, therefore, discusses the key social elements such as definitions of disability, beliefs, and cultural representation such as the popular media. Perception of disability and disabled persons can be seen as is changing. Furthermore, the ways disability is interpreted and responds depends upon particular social circumstances (ibid.:457). In Thai society, this study found that disablement still tends to revolve around individual problems and solutions.

5.2.1 Through definitions of identity

A key way of showing that the perception of disability within Thai society is in transition is to compare the definitions of disabled persons between those of the official institutions³⁸ and the public views. Defining disability according to that of the administrators affects the perceptions of 'Kon Pi-garn' by the general public. Still, in most part, people tend to perceive disability as a functional or physical limitation of an individual. Therefore, this notion constitutes an attitude about a disabled person as someone who has something missing or has been deprived of the abilities to do things, rather than as a condition that people face in different ways. For instance, Section 4 of the Ministerial Regulation 1994 defined a mobility impaired person as

³⁸ The new definition of 'disablement' (Kwam Pi-garn) in the recent Disability Act 2007 replaced 'Disabled Persons' (Kon Pi-garn) in the previous Ministerial Regulation 2nd Issue 1994. Although the definition of disability in the Thailand disability law was changed, the discussion is based on the definition according to the former Disability Act 1991 because the current access laws still use such definitions in pursuant with the first version.

a) *An individual who clearly is visible as having a body with abnormality or impairment and unable to perform daily activities or*

b) *An individual who has lost ability of movement of limbs or parts of the body as a result of amputation, paralysis, arthritis or chronic illness so that they are unable to perform daily activities as normal people [emphasis added] (Thailand Government Gazette, 1994:10)*

Officially defining disability can be seen as a process in a 'distributive principle' in that goods and services have to be allocated across the population as a whole (Oliver, 1986:11). In a country where the state has the view that people with disability cannot create benefit in return, the criteria for resource allocation are relatively restricted. Hence, the legal criteria for disability have a tendency to identify very precise conditions that separate people between those who are and are not eligible for support from the state (Grönvik, 2008:3). The partition between two values—such as ability or lack, being able or unable, normal or abnormal—significantly affects the perception of disability. This comparison is reflected through those definitions of disabled persons. The foremost disability criteria often contain something missing or the absence of abilities of an individual body and mind. Consequently, when thinking specifically about disability, the words 'abnormal', 'missing', 'loss', or 'cannot' are attached in the explanations. For instance, when asking non-disabled people about the word 'Pi-garn' or 'Kon Pi-garn', respondents who have never had direct or indirect experience of disability replied

"[...] missing fingers, incomplete organs, though one is able to do some tasks, loss of any limb will be counted as Pi-garn. A person who can't live his life independently is also counted [underlines added]."

[Non-disabled person, university lecturer, male (39)]

As well as having an 'abnormal' body,

"[...] born or later living with an abnormal body like missing or extra fingers or toes. I'd rather consider being disabled from something is visible [underlines added]."

[Non-disabled person, office worker, male (29)]

The image of disabled persons, therefore, involves individuals with *'faulty or missing'* elements, which differs from others who are *'normal'*. A postal survey reveals that the majority of the 169 respondents (Figure 5.1) perceive *'Pi-garn'* as someone completely unable to do things on their own. The respondents think a disabled person is an individual who has *'mental impairment'* (17.6%), *'cannot see at all'* (17.5%), *'unable to walk at all'* (17%) and *'cannot hear at all'* (16.3%). However, the conditions which cannot be visible such as chronic illness seem to be irrelevant to perceptions of being disabled persons (1%). This figure is echoed in an interview with Parichart, a non-disabled participant, who says that disability refers to the very condition of being incapable, *"The mentally impaired people are the worst cases. They can't communicate with others at all."* [Shop-house owner, female (63)]

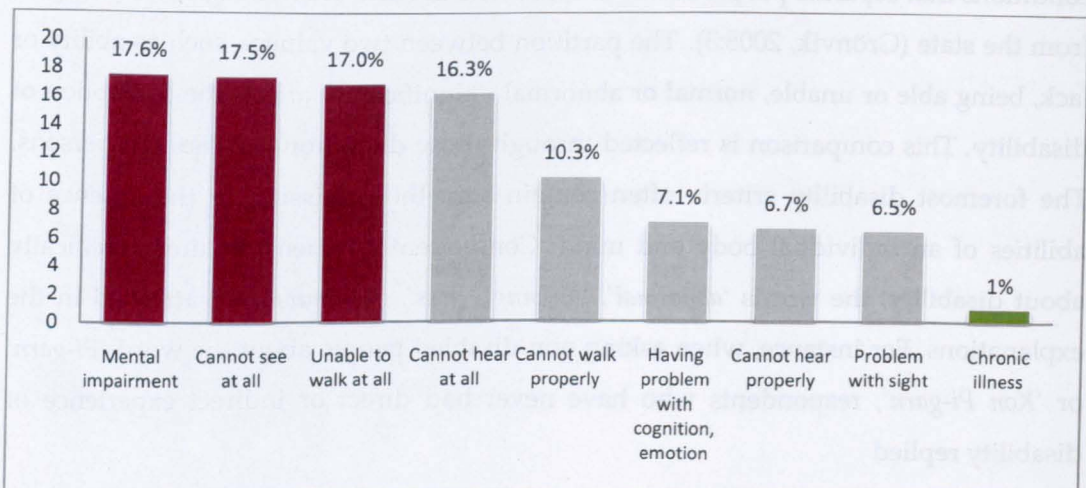


Figure 5.1 Perception toward disability and disabled persons (N=169)

The chart shows the majority of 169 respondents think of disabled persons as being linked to faulty bodies or completely unable to do things

Source: Postal survey October to November 2007

Nevertheless, in Figure 5.2, the perception of disability seems to be transformed to a sense that the traditional ideas of individual solutions which require *'individual training'* (58%), in the green bar, or which *'need to be cured'* at 19.9 percent, in the blue bars. It is merging with the idea that disability can be solved by *'removing environmental barriers'* (20.4%) in the same blue. However, there are only 1.7 percent who think that disabled persons are *'unable to do anything'*, in the red bar. Notwithstanding, there are still a perception that disability problems can be solved if an individual with

impairment is trained. This reflects the fact that disability solutions are based on individual orientation.

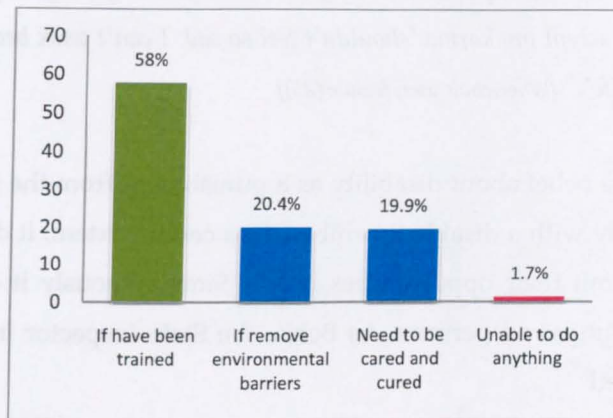


Figure 5.2 The perception toward solutions for disabled people

The chart shows mixed opinions toward problems of disabled people. The majority of 169 respondents think that disability problems can have individualised solutions such as 'if they are trained' or they 'need to be cured', but 20.4% think that the problems are in the environment.

From the information above, it can be said that identity definition is a significant element in shaping perceptions of disabled persons and being disabled. Tremain (2005:6), drawing on Foucault's concept of 'bio-power', points out that there is a kind of power relationship built upon individual bodies to govern over them through identity definition. Furthermore, Oliver (1986:9) highlights the official definition of disabled person as often based on the traditional perspective that disability is an individual trauma or personal problem. Therefore, throughout these definitions of disability can be perceived the view that there is little for the state and society to handle with such individual struggles.

5.2.2 Through cultural belief

The definition of disability is not the only significant component in shaping perceptions of disability. But it is also karmic belief which underpins a notion of disability as individual tragedy and wrongdoing from the past. These notions reinforce seeing the problems as embedded in an individual and disconnected from society. In part, this belief still persists in Thai society today. Nopadon, a university lecturer mentioned his cousin who uses a wheelchair because of a car accident: *"Her father was the Judge, and we believe [name] is disabled because he judged an innocent person guilty and*

gave the death penalty.” [University lecturer, male (50-55)] Similarly, another explanation about being in a wheelchair was experienced by Jieb: “Five years ago, my neighbour visited me and told my mum to accept my karma ‘shouldn’t feel so sad, I can’t walk because I hit a frog’s legs in my previous life’.” [Wheelchair user, female (25)]

Furthermore, such a belief about disability as a punishment from the past arrives with shame for the family with a disabled member. To a certain extent, it disables impaired persons so as to limit their opportunities in life. Simultaneously it creates disabling conditions for the impaired persons. As Benja, the State Inspector in the Ministry of Education recounted

“In some cases the age of a disabled child who came to us was over eighteen years. Their parent felt embarrassed to have such a disabled family member, so they kept their child at home.”

[State Inspector, female (55-60)]

It is important to restate here that there have been works pointing out that disability in Thai society has a strong linkage with the explanation of karmic fortune (Naemiratch and Manderson, 2009; Kijtham, 2008). However, those beliefs are challenged by the explanation that disability is caused by accidents or disease (NSO, 2007). As shown in figure 5.3, the majority of 169 respondents ‘strongly’ agreed (in the green bars) that accident and disease are the main cause of disability. In the red bars, there are significantly fewer people ‘strongly’ agreed that *karma* is the cause of disability, while 23.7 percent selected ‘strongly disagreed’ which is the highest disagreement about the cause of disability. Interestingly, the respondents also ‘strongly’ agree with the ‘lack of accessibility of health care/service’ and ‘poverty’ as the cause of disability, in the blue bars.

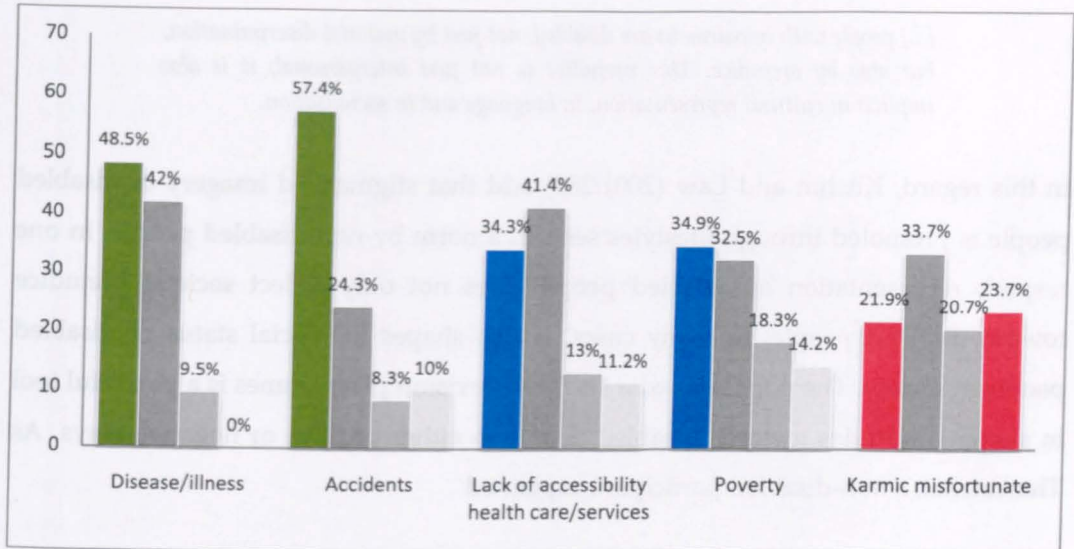


Figure 5.3 Opinions about the cause of disability (N=169)

Although karmic belief is still perceived as a cause of disability, the other factors outside an individual such as accidents or a lack of health care are increasingly seen as causes of disability, leading to a transformation of belief. In addition, there are increasing numbers of people who acknowledge that disability is the result of more tangible causation and not just the fault of an individual: causes such as disease, accidents, lack of an accessible healthcare service and poverty.

5.2.3 Through cultural representations

This section examines key cultural elements which are produced in daily life. It is cultural representation which affects understanding of 'disabled people' and 'disablement'. However, examining cultural elements through the perspectives of both non- and disabled people is an effective tool because perception and interpretation takes place and changes every day. In most part, society undermines or pays little attention to the experiences of disabled people. Consequently, society presents few points of reference with which to make sense of disabled people's reality (Morris, 1991:88). The following discussions focus on elements that are produced in society such as language use in references to disabled people and disability, in literature, and popular media e.g. television programme and film. Those cultural elements are crucial in exploring understanding of disability as Shakespeare (1994:296) explains,

[...] people with impairment are disabled, not just by material discrimination, but also by prejudice. This prejudice is not just interpersonal; it is also implicit in cultural representation, in language and in socialisation.

In this regard, Kitchin and Law (2001:289) add that stigmatised imagery of disabled people is promoted through lifestyles seen as a norm by non-disabled people. In one respect, representation of disabled people does not only reflect societal prejudice toward disabled people. In many cases, it also shapes the social status of disabled people in society. The popular media such as television programmes is a powerful tool in shaping attitudes towards disabled people in either positive or negative ways. As Thawatchai, a non-disabled participant explained

"Most stories I knew about 'Kon Pi-garn' are from TV. Some programmes provide a person doing sign language, so I know they are for deaf people. Another programme interviewed autistic people; they said they don't want people to buy their products just because of their impairment."

[University lecturer, male (43)]

In some cases, if the media presents images of disabled people, the image often is exaggerated and dramatised. Furthermore, media treatments depoliticize the struggles of disabled people by always taking an individualistic perspective, focusing on disability as personal troubles (Shakespeare, 1994:284). For some people the way the media represents their lives misleads the perception of the public about disabled people. Ngampan, a cousin of a Member of Parliament, questioned the responsibility of the problem beyond an individual

"The daily show [Wongwian Cheewit] often comes with very disabled person who desperately sits alone in a house that distorts our image. It ended up with request a donation. [...] How could they ask the audiences to give money into their bank account? Isn't it a responsibility of the Government?"

[Wheelchair user, female (45)]

In some cases, the media represents something which differs from the 'reality' of disabled people. As Sawang, another wheelchair user said:

"On several occasions, the media produced and reproduced a stereotype of us. They tell society that we are usually poor or otherwise very ill. Once when I used a taxi service, the driver started his greeting with 'where will you sell the lottery today?' Or sometimes they asked 'which hospital will you go to?'"

[Disability activist, male (31)]

The media can also positively inform the public about the requirements of disabled people, as Ngampan said:

"[The knowledge of the public] depends on how the media deliver information. I saw an episode of Jor-jai [a reality show]; Oom [a celebrity] tied her eyes and lived her life as a blind person for some weeks. More people then understood the function of those yellow buttons [warning blocks on footpath]".

[Wheelchair user, female (45)]

Another significant cultural outlet is the popular medium of television programmes. In Thailand, *'Lakorn torratat'* [dramatic television serials or soap operas] is a considerably influential medium. It has not only been a major source of home entertainment, but also a tool to shape society's perceptions. Since 1980, the most popular programme has been the Thai soap opera (Sungsri, 2004:156). A number of dramas between the 1950s and the beginning of the 1990s represented images of disabled people through able-bodied people's perspective. A classic Thai film *'Baan Saithong'*, which was created in 1947, has been considered influential in creating a negative image of disabled people until recently³⁹. The plot presented a traditional view of a disabled person in the character of a young man called *'Chai-noi'* [Little man] with cerebral palsy: he was in a wheelchair, had a deformed body, childish behaviour, and was dependent. Chai-noi is called *Ngoi* [crippled] in this film. In addition, this film conveyed disability as a bad condition, so that the disabled individual was segregated from the *'normal world'*. In the plot, *Chai-noi* was brought up in an aristocrat's family, and the story explained his disability as a punishment for his mother's wrongdoing. Consequently, the disabled son was

³⁹ This film was based on a novel which had a disabled character with a key role in the plot. It was adapted in more than ten versions for the theatre and television over fifty years. The recent comedy film *'Head Dropped Family'* (2007) adopted a way to describe a disabled person from *'Baan Saithong'* and still used *'Ngoi'* [lame, crippled] when referring to the disabled character in film dialogue.

restricted as to where he was allowed to go. The author described the 'space' of this disabled character:

he has to sleep in a dark tiny room downstairs and is strictly not allowed to enter the living room. [...] The mother feels ashamed to have a son like this, and is very angry when Chai-noi accidentally shows up in the living area (Wajanasara, 2005:16).

Cultural representation of disabled people through both the characters in the film and its language can be viewed as the way society creates power over people regarded as inferior. The cultural representations tend to be used to identify social positions. For Aeusrivongse (Aeusrivongse, 2005), ridiculing a certain group can be considered as

a serious weapon in the way to standardise a socio-culture [...] in particularly, it oppressed disabled people, who have already the least advantage, to be ever-present at the lowest position in Thai society.

Generating amusement about particularly disadvantaged people, such as people with different physical appearances, with some limbs missing or deformity, conveys a way society arranges its members. The misuse of language towards 'Pi-garn' such as using the word 'Ngoi' seems to be a tool to bind disabled people in a low social position. Until recently, images of disabled people were still seen as something amusing in the films. A comedy film in 2008 that used strong language referred to a disabled character as 'Ngoi' (or cripple) and characterised a wheelchair user as passive with childish behaviour. Kittichai, a severely impaired person, commented:

"I felt hurt when the housewife [a disabled character] played with a ball with her husband, she sat in a wheelchair and let her husband kick the ball which hit her face and then she smiled back."

[Wheelchair user, male (44)]

As well, the pejorative words used in this film affect disabled people's feelings, as Kittichai explains:

"It's strange, it is just a word, but whenever I hear 'Ngoi' it's like someone uses a knife to stab at my heart and slowly slits it, I'm not exaggerating at all."

Nevertheless, in some cases, the media seeks to represent disabled people as more independent. The non-disabled respondents often referred to a celebrity in a wheelchair when asked about disabled people they have seen. Krisana is a TV host who uses a wheelchair after a car accident. The respondents perceive him as a good example of a successful disabled person. However, the conspicuous positive image of just a few disabled people can lead to a misunderstanding that being disabled must be something special and unusual. Furthermore, it has a tendency to lead to affirmation of an unequal power between the stronger and the weaker. Eard, the disability activist, contended:

"Now people are getting used to seeing the image of disabled people with special abilities. What about the rest who have none of those? Where should they be in society? Do we widely accept Krisana because he is rich or because he is disabled? I think we are accepting a power of the better over the inferior."

[Wheelchair user, female (28)]

The real lives and struggles that disabled people have faced tend to be reduced in complexity or otherwise some aspects which are more dramatic are exaggerated. It also depends on morality of the concerned disability actors in responding to disabled people's problems. These elements effectively impede the equalisation of the human rights of disabled people, particularly when considering whether disabled people are active agents. As Corker (1999:639) notes:

[t]his is always a danger, if the complexity of life is overemphasised, and if the need to understand fully is placed ahead of the need to act effectively, because disabled people can be turned into interested spectators, rather than pro-active participants of a strong social movement.

In sum, we have seen those three key social elements: definition of identity, cultural beliefs, and cultural representations that are dynamic and in a transitional period. The dynamic of disability understanding continuously affects disabled people's day-to-day lives in different scales and levels. We will explore the social elements that reflected society's perception through daily practices which are discussed in the following section.

5.3 Being 'Kon Pi-garn' and social practices: product of social process

Society's reactions to and treatment of disabled people can be seen as a reflection of the way society perceives disability. This section explores how perception shapes the ways disability issues are handled in practice in Thailand. There are two aspects of the ways that society perceives disabled people's problems: 1) as an individual issue, and 2) as the problems of the 'others'.

5.3.1 Individualise and depoliticise struggles faced by disabled people

The process of individualising disabled people's struggles disconnects the problems from the responsibility of society and the formal institutions, such as the state, become an individual problem. As Morris (1996:211) points out, the resulting problems

are individualistic interpretations: our experiences are entirely explained by each individual's psychological or biological characteristics. Any problems we encounter are explained by personal inadequacy or functional limitation, to the exclusion of social influences.

In some cases, the authority impedes disabled people's opportunities to articulate their views that the problems are the responsibility of the state. Jack, a media worker recounted:

"An episode was about one wheelchair user rolling his wheelchair to Bangkok from the countryside for 300 kilometres. He demonstrated about the fact that a promise about his allowance from the provincial municipality had been broken. I was called by a person in the Ministry of Public Health to stop the broadcast of this show. She claimed this disabled person is a trickster and his claim was fraudulent."

[Producer of a television programme, male (38)]

The struggles of disabled people are individualised, consequently it seems to be difficult for society to see this issue as political or that the problem has a linkage with wider social responsibility.

Power of 'pity' and individual tragedy

Furthermore, the expression of feelings toward disabled people can be seen as a way to create an inferior status for the disabled individual. The feelings about disabled people expressed by 169 respondents revealed that although there is a significant difference between feelings of 'Songsaan' (pity) at 29.8 percent and 'Weddhana' (pathetic) at 11.7 percent both kinds of feelings lead to the idea of 'helping' disabled people at 41.9 percent.

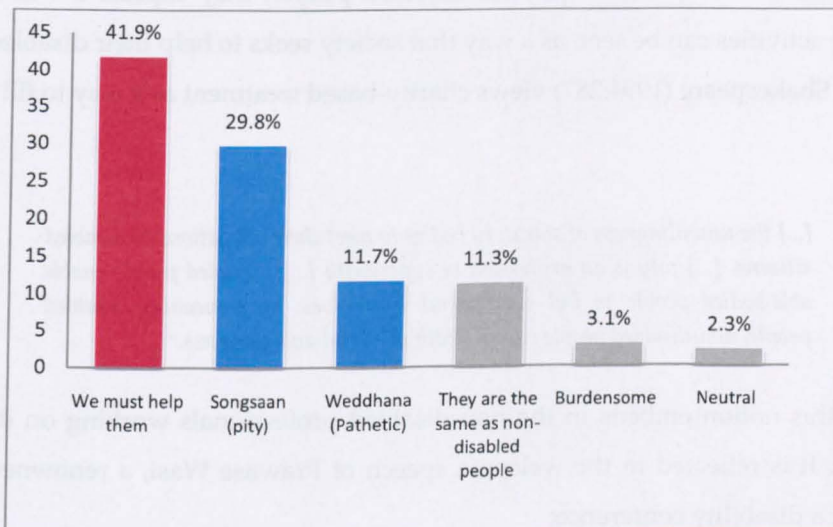


Figure 5.4 Feelings about disabled people (N=169)

However, in one sense, the feelings of 'pity' and to a certain extent 'pathetic' can create an unequal relationship being imposed upon the persons who receive this feeling and it can be interpreted as a way to depoliticise disabled people's problems. Shakespeare (1994:297) quotes Morris's interpretation of 'pity' that

[w]e become separated from common humanity, treated as fundamentally different and alien. Having put up clear barriers between us and them, non-disabled people further hide their fear and discomfort by turning us into objects of pity, comforting themselves by their own kindness and generosity.

Likewise, the reaction following such feeling can be seen as a charity-based responsibility. To a certain extent some disabled people view this emotional orientation as reinforcing the inferior status of disabled recipients, as Eard explained:

"Thais seem sensitive to a dramatic story [tragedy of disabled people]. I think it isn't sustainable. The relationship of the giver and the receivers is based on a short-term feeling, like those people who buy flowers from kids on the road, I don't know if they want to pay for flowers or the kids. [...] the state is skilful at being a provider, tham-boon [giving away] make the givers feel like they gain more power. It is dangerous. It seems people are fond of doing this these days.

[Disability activist, female (28)]

Once people feel sympathy or pity for disabled people, they express a will to help. Charitable activities can be seen as a way that society seeks to help their disabled peers. However, Shakespeare (1994:287) views charity-based treatment as a way to fill the gap left by

[...] the unwillingness of statutory bodies to meet their obligations to disabled citizens. [...] pity is an expression of superiority [...] Disabled people enable able-bodied people to feel good about themselves: by demeaning disabled people, non-disabled people can feel both powerful and generous.

In parts, this notion embeds in the non-disabled professionals working on disability problems. It is reflected in the welcome speech of Prawase Wasi, a renowned senior citizen, at a disability conference:

"We are here today and work as we are doing, I would say we are the people on the moral high ground."

[Recorded from a conference, male (78)]

For disabled people, the feeling of being pitied often comes in a circumstance where they are the passive recipients of help. To a certain extent, this action segregates disabled persons from their society.

"The state people always think they are the provider or the giver and then the disabled people are automatically turned to be their clients. They should view their work 'with' disabled people or 'for humanity sake'. Moreover, our problems are part of the state's responsibility for its citizens [emphasis added]."

[Disability activist, male (31)]

The feeling of the recipient leads to an unequal distribution of power, as Eard questioned: *"How can you ever respect the one you felt pity for or thought was pathetic? Can we have sympathy without feeling higher or lower?"* [Wheelchair user, female (28)] It can be said that the feeling is abstract, that in part a feeling of pity is the conscience of humanity. It often comes with good will. However, in many cases, the expression of this kind of feeling creates an unequal relationship for disabled people who are the recipients of such will.

5.3.2 Otherization to social exclusion

This section focuses on a variety of ways that make disabled people become the 'Other', it is when disabled people are viewed as having open personality, and being objectified. To some extents, a negative image of disabled people which is transformed into a disability stereotype creates a sense of 'Otherness'. This notion effectively excludes disabled people from their society. When disabled people are perceived as the 'Other', disability problems become individual or the personal, not the collective responsibility of the society at large. There are several ways society transforms disabled person into the 'Other'. For Shakespeare (1994:286), fear and denial about disablement remind non-disabled people about illness or death, so they isolate disabled people as the 'Other' or 'not like us'.

'Open-persons' personality

A work by Taleporos and McCabe (2002:976) reveals that physically disabled people, in particular, when faced by an unwelcome conversation with a stranger in public about their identity, create a strong internalisation of a negative feeling about the self. Such a circumstance can be seen as resulting from a notion that disabled people are 'open'. Cahill and Eggleston (1994:309) draw on Goffman's idea about the way society treats disabled people as 'open persons', that is, they *'can be addressed at will about their condition and the technical means of their mobility'*. Common evidence about such unwelcome conversations includes asking about the cause of disability. I experienced together with one wheelchair user a stranger in a train who bent down, smiled, and asked a question: *"how come you have to use a wheelchair?"* In some cases, the request is followed with a

'sympathy' comment: *"such a pity; if only you could walk you would be a very pretty woman"*.

Considering such public reaction to disabled people, Shakespeare (1994:288) notes it as *'legitimate tactics'*. It occurs when people feel sympathy for persons with physical differences. However, unwanted attentions from able-bodied people frequently deprive disabled people of opportunities to flourish in public life. As Ngampan who lives with post-polio recounted:

"Oh, name it about negative attitude. I've faced it in public. Since I was young, my father took me out for walking practice, and those neighbours walked after me; the more they ask and stare, the longer I stay at home."

[Mobility impaired person, female (45)]

Cahill and Eggleston (1994:309) highlight the fact that disabled people are frequently considered as having openness because disabled people, in particular those who require support from others, are considered as being like children, as having *'overdependency and nonreciprocity'*. Furthermore, sometimes the different sides of their lives are reduced to *'limited rights to public privacy'* (Cahill and Eggleston, 1995:686). These are significant consequences of a notion that disabled people are the *'Other'*, so that their personalities seem to be less complicated. Furthermore, both cultural and physical spaces are limited for disabled people. As a consequence, the complex lives and struggles of disabled people tend to be simplified into fewer and narrower dimensions.

Objectification

Hughes (2002:574) notes, *'Disease and impairment represented the negation'*. The presence of impaired bodies in public leads to a sense of fear. A strategy that the society uses to cope with this fear is to objectify disabled people into icons of fear (Shakespeare, 1994:288). In many cases, disabled people have different physical appearances from the *'norm'* which created by a particular social context. In the same way, imagery of disabled people linked with fear objectifies them to be objects for emotional reactions.

As Navon (1996:262) notes, by exposing the condition of deformities and making them conspicuous, this can be considered as a way to arouse pity for the purpose of begging.

Additionally, Morris (1991:111) notes that '[...] the general culture misrepresents disabled people in a variety of ways. It uses disability for its own purposes'. The feeling of fear is used to remind society to be aware they might be disabled themselves if they are not careful. This was evident in the case of the charitable foundation that campaigned against drinking and driving. This campaign mocked a figure of wheelchair user with severe injury, and covered its whole face and limbs with bandage. The mock-up model was positioned by the highway to warn drivers about driving without drinking; otherwise, they could end up like this themselves or could cause others to be so injured. Nearby, there is a sign with a drawing of a skull, it reads, 'a new vehicle for those who drink and drive' (Figure 5.5).



Figure 5.5 A mock-up model of 'Drink Don't Drive' campaign

The model of injured person in wheelchair as an icon of fear, created by a charitable foundation
Source: www.highwaypolice.org

Wheelchair users in this campaign have heatedly asserted that it not only presents disabled people as objects linked to fear and denial, it also oppresses disabled people. As Saowaluk argued:

"I'm always frustrated every time I see this campaign. It seemed to me if you are drunk and drive; your life will end up as 'Kon Pi-garn'. In another sense, it repetitively emphasises that if you're disabled, then you will be faced with

difficulty or tragedy. I wondered, can't we [disabled people] live a happy life while we are disabled? Why exploit disabled people to scare society? [...] when I saw this I asked myself, so, what does society want us to be, at one time we are of value to them, while at another moment we are such a scary thing?"

[Wheelchair user, female (44)]

Additionally, objectifying disabled people as icons of fear can be understood as a way to stimulate charitable purposes. A religious organisation used pictures of people living with the last stages of HIV on television and advertisement posters. Jon, a social activist, shared his experience about a well-known campaign:

"At large, people recognise the place of people with HIV in referring to Wat Prabhadnampu [a temple used as an asylum for HIV infection people]. This temple motivates families to leave their ill member with them, while we exhaustively campaign that people living with HIV can live with their family. This temple earned a lot from this campaign."

[Social activist, male (55-60)]

Once disabled people and their issues are thought of as being for others, society tends to treat their disabled peers as non-persons so that they seem to fall into a state of 'dys-appearance' as Paterson and Hughes (1999) state. In most part, experiences of disabled people have been ignored, without any historical or cultural depth. Non-disabled people lack knowledge about various dimensions of disabled lives. The presence of disabled people in public places seems to be a phenomenon seen as bodies at a biological level. The bodies of disabled people are perceived merely by visualising them. For Paterson and Hughes (ibid.:602) 'dys-appearance' is a circumstance when a disabled individual recognises the state of disappearance of oneself not at the physical (biological) level, but at the social. They explain:

[...] in contrast to the 'disappearances' that characterise ordinary functioning, the body, in the context of pain, 'dys-appears' That is to say: The body appears as a thematic focus of attention, but precisely in a dys-state (ibid.:602).

They also argue that, biologically, pain occurs as a lived and embodied experience and this pain interrelates with other emotions when those are part of the context. In some cases, a disabled individual experienced pain at the social level, rather than the biological level. This is evident in a case of Nhong, a vision impaired activist who uses a white cane. He experienced what it was like to become a nobody in the conversation:

"Once, in a taxi, I accompanied a friend who is sighted person. The driver asked my friend to ask me about direction to my house. Strange isn't it? I just can't see, but I can hear and speak."

[Blind person, male (36)]

It can be interpreted that the struggles that disabled people face are not embedded in their impairment, but in the social environment, as Paterson and Hughes (ibid.:603) note:

exclusion and disruption to communication is not therefore a matter of the ability of an impaired person to communicate, but about conventions and norms of communication, which are (a priori) hostile to non-conforming forms of physicality.

This kind of phenomena is a consequence of the profound oppressions of everyday life. The processes of individualising make the problems of disabled people those of 'Other'. One consequence is reflected in an opinion about the disability movement. As Pomme, a vision-impaired person, said:

"Disability is our problem. I don't really agree with those activists who frequently make protests on the road. We have a small number of demands. Sometimes, I think we should act in a less aggressive way, otherwise, we will get nothing."

[University student, female (29)]

In sum, this section helps us to see societal treatment of disabled people through different assumptions about disability. It also reveals the origin of attitudes about differences. In many ways, disablement is not only a result of the conditions of people with impairments. The disabling elements are embedded in a social system and daily practices. Social structured environments fail to adjust to accommodate citizens with

different needs. More importantly, disabling circumstances do not just naturally happen. Policies and practices around disability are separated out as for 'other' people with different or special needs. As Barton (1993) points out, the key factors of social oppression that disabled people confronted, in the time before the UK's Disabilities Discrimination Act 1995, were discrimination in their requirements of resource distribution and social treatment

[...] which contribute to their dehumanisation and isolationism. Advocating the social nature of their oppression involves disabled people being viewed as inferior to other people because they are disabled [...] Finally, it involves the identification of some beneficiary of this state of affairs (ibid.:238).

5.4 Embracing, resisting and altering the constructed value

Increasingly, there are perceptions that disabled people do not necessarily accept passively the value imposed upon them (Snyder and Mitchell, 2001; Paterson and Hughes, 1999). The strategies that disabled people seek to use to influence societal value are different and depend upon individual circumstances. This section discusses a variety of ways ranging from embracing the self as a disabled person, rejecting and resisting the constructed value, and reproducing their own views of disability.

5.4.1 Embracing being disabled

This section discusses how disabled people do not necessarily see their lives with impairment and disability struggle as a tragedy. What is more, in many parts, disabled participants attempt to understand unwanted reactions from society. Petch shared her experience:

"Thailand has over sixty million people, but there are a small number of wheelchair people. I'm fine if those strangers want to know about my personal situation, they can ask or even stare. [...] some people stare at me because they might want to help but just don't know how."

[Wheelchair user, female (36)]

Furthermore, they are able to turn a negative experience into a way to empower the self. For instance, Topong realised that, although he has to put much effort into driving a car, he saw the problem differently from what non-disabled people told him:

"When I want to drive a car some friends told me 'why bother as you can't get in a car anyway'. But the thing is I want to drive, not to get in, though I need to be lifted up into it. This issue is not a problem for me."

[Wheelchair user, male (47)]

In addition, by self actualising their value, disabled people can be seen as active society members. Just as for non-disabled people, who are able to contribute to family or social functions, this is a way for disabled people to gain self-esteem (Khupantavee et al., 2008). Anant, the wheelchair user, regularly drives his car for a group of older persons for day-out activities. *"After I set out who I am in society, I felt a lot better. I want to pay back to my community. I have received a lot from them."* [Wheelchair user and radio host, (45)]. Similarly to Anant, another wheelchair user, Paradon, the former F16 pilot who still serves as a colonel has the view that disabled people should prove themselves and make people accept them as a disabled, colleague. Paradon added: *"I need many Privates to support me on a daily basis. I normally stay longer and try to work harder so they can see my impairment is not a problem."* [Lieutenant Colonel, male (40-45)]

5.4.2 Rejecting disability as an individualistic problem

As we have seen earlier, in part, the problem of disability is still perceived as an individual issue. However, in many cases, disabled people seek opportunities in variety of ways to communicate their rejection of those notions about disability. For instance, disabled people attempt to educate the public about karmic misfortunate. In one case, a young man with vision impairment sought to counter these explanations of his disability. Father Sawang recounted his experience:

"after the monks finished a sermon by mentioning his blindness because he did bad things in previous life, he immediately stood up and said 'So I will take away all of your donation money which I reckon you owed me since the last life'."

[Buddhist monk, male (60-65)]

Likewise, when disabled people realised that they were part of a research project about their lives, they effectively articulated the link to the problem of explanations using religious interpretation. The struggles of disabled people are separated from the social, and bounded in the personal. As Eard pointed out:

"As disability has been understood as a result of bad karma, it individualised the existing disability problems. I'd rather express the view that they are disabled because the state has failed to do its job. Good government won't leave their weak people."

[Disability activist, female (28)]

Furthermore, disabled people attempt to contest the dominant concept about disability, the Karmic belief. Monthian, a disability activist with vision impairment, believed that individualising disability issues effectively impedes works for social justice and human rights. Thus, editing the definition of disability used in the law is a vital task that disabled people actively perform as key agents.

"We edited the new explanation which suggests disability shouldn't be viewed based on Wedhananiyon [pathetic ideas]. Disabled people shouldn't rely on voluntary provision and volunteer help. The new definition proposes we see disability as a social problem. I'm blind; the problem is not just because I can't see, but also because there's no Braille system for me."

[Blind person and a disability law committee, male (45-50)]

Frequently, the feelings about disabled people are associated with pity. As discussed earlier, expressing such kinds of feelings can refer to an unequal power relation. The person who receives this feeling of pity may end up in a position inferior to the giver. Some disabled people realise that the acceptance of pity for them will lead to reinforcing an inferior status and accepting the superior power of the givers. Therefore, some disabled people, in particular the activists, reject using language that is connected to pity, which has been used to gain their benefits. For instance, Eard, the disability activist, was once asked to change a phrase in a letter to the government agency for funding from 'request for your cooperation' to be 'implore your help'. She dismissed that proposal.

"How could you feel the other to be an equal human if you felt they were pathetic? I had already chosen between self esteem and the benefit that comes with being 'Songsaan' [or pathetic in this context]."

[Wheelchair user, female (28)]

5.4.3 Reproduce their image through language use

"It is crucial to note that Pi-garn is happening every day. Then we must see deeper than the facts given by the medical professionals. Those facts are only little examples of the social struggles that we've confronted."

(Email, Saowaluk, wheelchair user and activist, female (44))

The statement of the disability activist above can be understood as saying that disabled people do not passively accept the assumption of the value given by the dominant medicalistic explanation. Gabel and Peters (2004:587) contend there is need to have self-knowledge in order to reveal such tension which is tied to one's own identity in the social world. Furthermore, Sullivan and Munford (1998:191) note that, at micro level, impaired persons resist the dominant disability connotation and identity imposing upon them. Resistance and challenge occur in order to 'deconstruct the meaning assigned to the 'disabled' subject position'. One strategy that disabled people are using is to change the language used about them. When one disabled participant realised that their comments will be published in this research, Sawang, the wheelchair user, was keen to emphasise that

"people often see us as a client. I notice this from the way they name 'Kon Pi-garn' as 'Phu Pi-garn'. The latter was used by those medical people or state providers. So, you should use 'Kon Pi-garn' because it's the word 'Kon [human]' there. We are neither recipients nor a patient in a hospital. And also please don't say 'normal people' or that we have 'special need'."

[Disability activist, male (31)]

The popular media such as television programmes has been seen as the most powerful tool to shape perceptions about disability. Furthermore, Sawang managed to change disabled people's negative image through a mainstream TV show:

"I wrote a letter to the [name of a famous show] telling them to not to make the theme so dull, pitiful, and depressing when talking about disabled people. They should adjust their style to be more encouraging and cheerful."

Disabled people and their organisations attempt to reproduce their own image through their own means. This can be a way to alter the very negative image imposed upon them, to become something more relevant to their 'reality'. As Adjana, a journalist with an English newspaper, recounted:

"There were disabled representatives who contacted us to publish their protest about the lifts in the new elevated train project. They knew our targets are those policy decision makers, politicians, and business sectors."

[Journalist, female (30)]

Some people seek to create more positive input about their image, as Petch shared:

"I try to appear more often on television, also on the radio. I'm thinking about taking part as a model for a magazine, maybe in a sexy style [laughter]. Going out and about, people see me and greet me more often these days. The more they see, the more positive attitude we'll gain."

[Wheelchair user, TV host, female (36)]

5.5 Conclusion

*When someone judges me, anyone or anything, I ask: compared to what?
(Steinem quoted in Dear and Wilton, 1997:458)*

Understanding of disability depends greatly upon the surrounding circumstances in which disability is constructed. We have seen the prejudice toward disability in the context of everyday practices, media, and popular assumptions. These elements play an important part in reinforcing an inferior position of disabled people. The positions of disabled people are not neutral or based on a biological difference, but contingent upon culture. This chapter reflects society's understandings of disability in transition. There are ways that disability is still viewed as an individual problem. Disability is not only the result of impairment, but also the failure of the social environment and the

consequence of misleading assumptions about the cause of disablement. In many cases, disability is connected with moral explanations and charitable solutions. For Birenbaum (1979:91), this traditional orientation of seeing disability through the moral approach is shaped by recurring social situations which either reinforce disadvantage people capacities to rebel or make rebellion an unlikely outcome. Hence, the key socio-cultural attributes such as the popular media and everyday use of language do not yet accurately reflect the value of the '*reality*' of disabled people's struggles.

Furthermore, those values are shaped within an unequal power relationship between disabled people and other people. This is done through the '*Otherisation*' process. Shakespeare (1994) draws on the feminist approach which compared the constructed position between men and women, making women subordinate which harms them economically but which is beneficial to men. In other words, by making the problems of disabled people those of the personal or the other, it may be an effective way to explain the failure to provide equal resources and service distribution to all citizens. In many cases, disabled people discussed in this chapter had imposed on them the sense of Otherness, such as by the stare which Ngampan confronted or by being treated as a nonperson as Nhung experienced. As a consequence, some impaired people felt passive and nothing to do with those struggles, as we have seen in Pomme's opinion about the disability movement.

However, disabled people are active agents in managing their lives. We have seen that disabled people are able to negotiate and resist disabling elements alongside the social process. They manage to counter religious belief, alter the definition of disabled people, and reproduce cultural elements which produced negative image about them and so on. A number of agendas raised by the disability activists commented on the power behind the traditional beliefs about disability, the unequal relationship of power which is a result of feeling of pity, as well as educating the researcher and other non-disabled people. In addition, the construction of the understanding of disability through daily social processes is dynamic. Such processes affect disabled people in different ways and levels. Simultaneously, disabled people resist change in different ways. This is presented in the figure below.

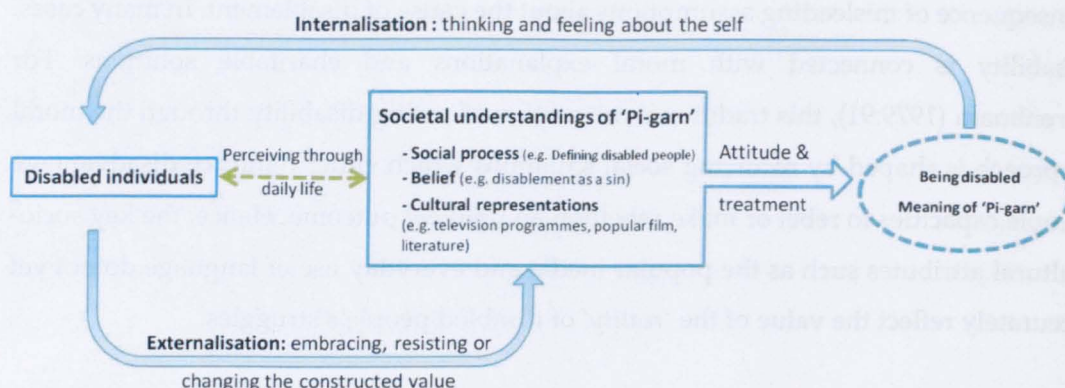


Figure 5.6 The cycle of a social process that constructs and reconstructs meanings of 'Pi-garn'

The diagram explains the social process that constructs 'disability' and shapes self-perception and the reaction of disabled people to the imposed value. The social process constructs the value held about being disabled and held by disabled people. A disabled individual perceives the societal understandings of disability within their daily lives. The socially constructed value is internalised into an individual's mind. Simultaneously, disabled individuals externalise thinking and feeling about the self by embracing or resisting or changing those values. Understanding of disability in a specific context is fruitfully explored by looking at how notions of disability shape the built environment, which will be discussed in the following chapter.



Chapter 6

Disabling built environment and spatial requirements

"Indeed, I believe that there is no 'Kon Pi-garn' [disabled person], but the environment is pi-garn. [...] Living alone, it is already exhausting enough just getting out of the building where I live. Leave alone those stairs, just a step of footpath, I must ask the security guard to lift me up. 'Please help me', everyday like that [...] having said that, my human right was violated. I cannot go everywhere I want, unlike the others."

Krisana, TV host and wheelchair user, male (39), 7th August 2007

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6 | Disabling Built Environment and Spatial Requirements

Introduction

This chapter aims to investigate the inaccessible built environment as a product of the understanding of disability. It also seeks to explore the spatial needs of disabled people in the built environment. The analyses in this chapter draw on three analytical frameworks. Firstly, an understanding about the accessibility of disabled people is derived from the concept that disability is a relationship between the disabling built environment and bodily experiences. This draws on Kitchin's (1998) concept that spaces are socially constructed in disabling people so that, to a certain extent, impaired people are *'out of place'*. Secondly, the discussion of factors of access implementation is based on Imrie's (2000b) framework of context specificity, which regards the local political environment when investigating the creation of accessible facilities. The final section explores disabled people's spatial struggles and requirements based on Gleeson's (1998) analysis of different forms of disabling environments. The term *'disabling built environment'* is adopted from Hawkesworth (2001:300) who draws on Hahn's idea of the environment that is frequently created in shifting *'power relations rather than being immutable, natural or given'*.

The chapter is organised in four sections. It consists of three analytical sections and one concluding section. The way in which the built environment disables people is explored through three aspects: 6.1) an understanding about accessibility for disabled people; 6.2) the factors which are inhibiting in the creation of the disabling environment and 6.3) disabled people's spatial experience in built environments.

6.1 Understandings of the accessible built environment

This section outlines conflicting views of accessibility for disabled people in Thailand. The discussion is based on information from interviews and a postal survey. In part, the problems of disabled people seem distant from spatial inaccessibility concerns. Although 60.9 percent of 169 respondents acknowledge that Thailand has access laws (Figure 6.1) because they *'have seen access features in public places'* (83 percent, see pie chart, Figure 6.2), the majority of respondents perceive that the struggles of disabled people are not relevant to inaccessible facilities. They believe the solutions for the problems of disabled people lie at a personal or individual level. As shown in Figure 6.3, more than half of the respondents (55.6 percent) strongly agreed that *'the disability problem'* springs from the *'mindset and psychological condition of disabled individuals'*. A smaller number of respondents (28.4 percent) strongly agreed that the difficulties of disabled people spring from *'inaccessible facilities'*.

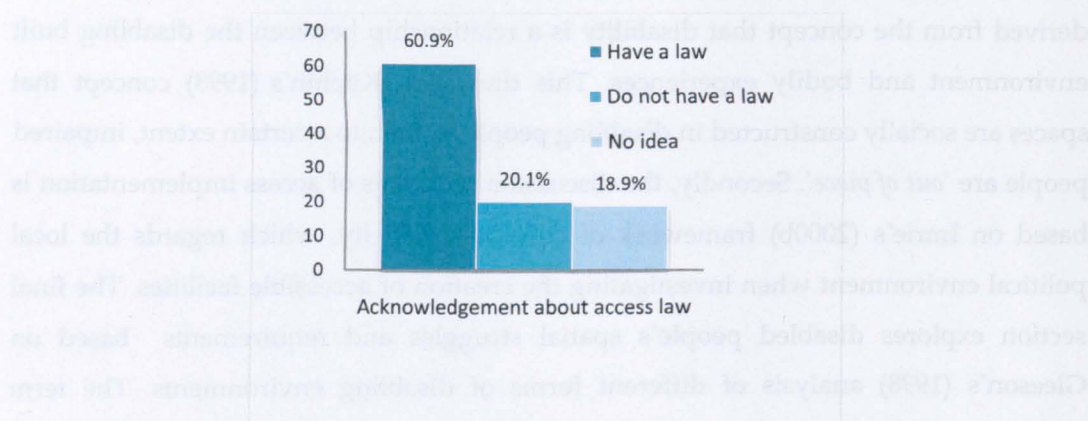


Figure 6.1 Acknowledgement about access law (N=169)

The question asked: 'Whether or not Thailand has access law for disabled people?'

Source: Postal survey October to November 2007

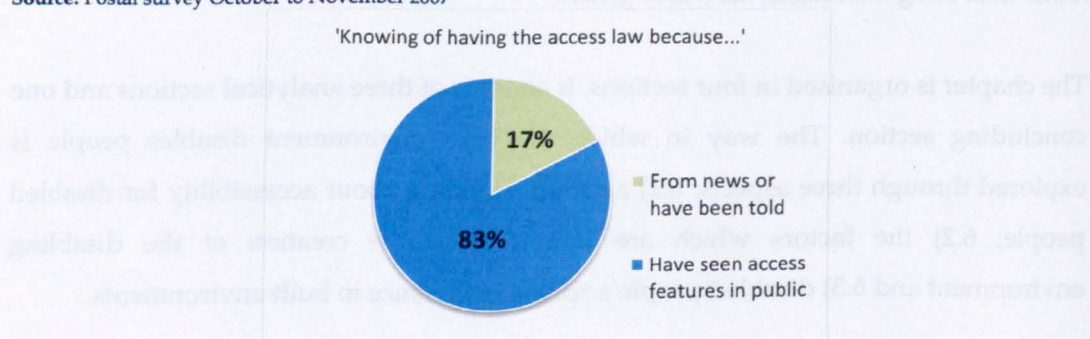


Figure 6.2 The reasons responded to acknowledgment about access law

The question asked: 'I know about the access laws because...'

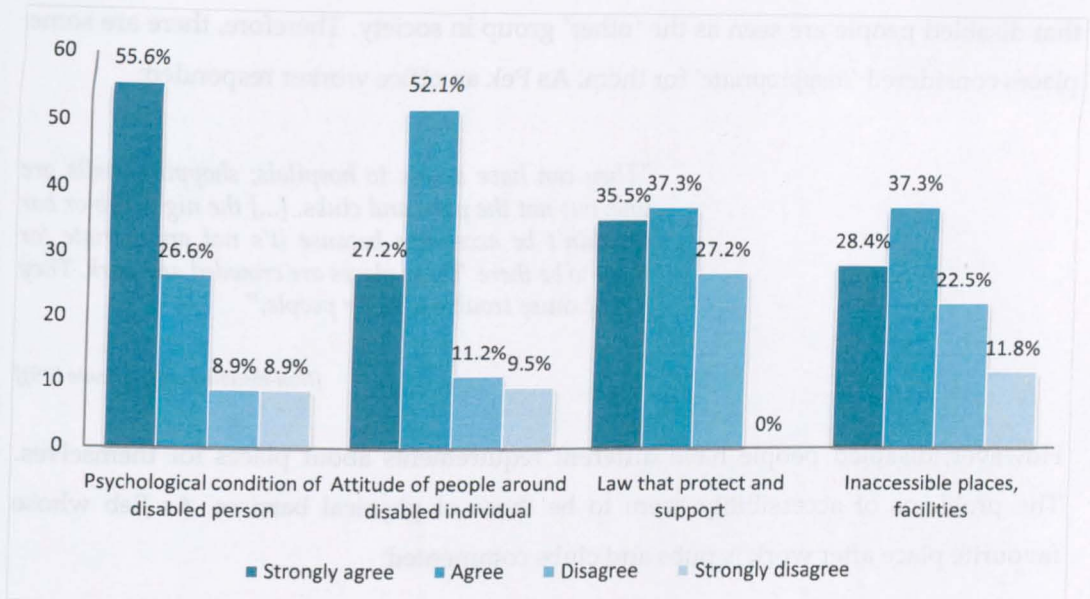


Figure 6.3 'The difficulties of disabled people are related to...' N=169

The following sections investigate the understanding of accessibility in the built environment in three aspects: about places for disabled people, about the importance of accessible facilities, and about the key actors involved with access issues.

6.1.1 The 'places' for disabled people

It is asserted that the notion that disabled people have '*their places*' effectively generates the idea of socio-spatial exclusion (Kitchin, 1998). Principally, all people should be able to access all kinds of spaces. For some people, however, there are different degrees of access needed for disabled people. As Wirayut, the university lecturer commented:

"ideally everyone can go everywhere, but if any building doesn't have a function to serve the needs of those disabled, it isn't necessary to provide [access facilities] [...] this can be done case by case."

[School of Architecture, male (34)]

Likewise, the scope of places available for disabled people is echoed in the perspective that disabled people are seen as the 'other' group in society. Therefore, there are some places considered 'inappropriate' for them. As Pek an office worker responded:

"They can have access to hospitals; shopping malls are fine; but not the pubs and clubs. [...] the nightclub or bar shouldn't be accessible because it's not appropriate for them to be there. These places are crowded and dark. They might cause trouble to other people."

[Non-disabled person, male (29)]

However, disabled people have different requirements about places for themselves. The problems of accessibility seem to be those of physical barriers. As Jieb whose favourite place after work is pubs and clubs commented:

"I often do a night out, although those places are not really convenient and comfortable for me. Lots of people stared at me, they might feel it's strange when seeing a disabled person was there."

[Wheelchair user, female (25)]

The outlook which specifies a place for disabled people can be seen to be reflected in the wider context. A warrant can be seen in the recent bus allocation of the Government project in 2008-2009. This new measure launched 4,000 new buses in Bangkok. However, only five percent are 'low-rider' buses (low-floor entry which provided ease of access for wheelchair users and older persons). Furthermore, those equipped buses only served the main roads where the hospitals and state offices are located⁴⁰. Such a limited aim for providing access facilities enshrined in legal provision significantly reflects societal attitudes about the space of disabled population. It does not only perceive disabled people as a minority, excluded from mainstream society, it also views disabled people as the subordinate in society, such as by seeing disabled people as ill patients, since the route of the buses mainly passes hospitals. Therefore, provision repeatedly reinforces social segregation and the notion that disabled people are 'others'. As Imrie (2000a:1643) states, disabled people are perceived as a population requiring particular forms of regulation of state programmes and policies. In this

⁴⁰ This is stated in the leaflet of declaration for a march by the Freed Movement for Wheelers of Thailand. Also accessible online : www.noaccessnofreedom.com

regards, Kitchin (1998) points out that the absence of accessible facilities for disabled people in certain urban spaces is a signifier telling disabled people that some places are not *'their places'*, so that they feel they are *'out of place'* (ibid.:349). Through this perspective, disabled people are eventually excluded via the way society understands which places are *'for'* them.

6.1.2 Importance of accessible facilities

As Imrie (2000a:1641) points out, *'physical obstacles and barriers are compounded by social barriers too'*. The (un)availability of public accessible facilities significantly influences the relationship of disabled people with society. Furthermore, accessibility in physical environments has a reciprocal relationship with perceptions about disabled people. As we have seen in Chapter 5, in parts, disabled people tend to be seen as burdensome and dependent. Such attitudes interrelate with the extent that society and disabled people experience one another in different physical environments. Kanin, a Thai student in the United States, compared his feelings about disabled people shaped by different spatial experiences:

"In America, I've often seen disabled people in the street. I felt indifferent to them as I knew that they have available facilities supported by their state. While I've seen many disabled Thais struggle a lot. I felt pity for them."

[Non-disabled person, male (33)]

Furthermore, the absence of accessible facilities in public places generates the notion that disabled people are a minority. Most people rarely see their disabled peers, therefore, the need for investment for creating accessible feature have been questioned. As Pimpramote recounted:

"I reckon there were protests about a missing lift on the Sky Train platform. The investment was huge. Now we have those lifts, but I've hardly seen any disabled people use them. It is a shame if those lifts will not be used."

[University Lecturer, female (43)]

Nevertheless, some people realise that accessible facilities have more importance beyond a simple physical issue, as Poom, a non-disabled participant pointed out:

"The disabled people must be able to go everywhere they want. They shouldn't need to put in too much effort. If those places are accessible, more disabled people will come out and we will be familiar with them."

[A cousin of one wheelchair user, female (41)]

Disabled people are often perceived as passive and incapable in society (Shakespeare, 1994:288). In part, their image is linked with being dependent upon an immediate family member or carer, and so the wider public hardly sees their needs in public places. The images of disabled people as passive and unable to use spaces results in the view that accessible features for disabled users are of little importance of, as Eard commented:

"We've often been referred to the image of beggars. They sit idle and beg. This job has no need to move a lot. Hence, the public don't see why facilities in workplaces or shopping malls are important for us."

[Wheelchair user, female (28)]

However, many disabled participants contrast the reality of their lives and access to public places. Those public accessible facilities are not only important to use physically, but also for them as an equal members of society, as Sawang said:

"I only can't walk, but I still have my brain. No one wants to stay at home forever. Though there's a lot to pay for an outing, I always wanted to do so. If we don't go out, we will be forgotten."

[Wheelchair user, male (31)]

Concerns about the investment targeted at a certain group of people are met with mixed views, which are shaped by attitudes about the value of investment for disabled people. For instance, the tax payer without disability commented on creating accessible facilities that *"I do agree to spend our tax providing those features for disabled people, but it should be used practically and in worthwhile ways"* [University Lecturer, male (43)]. Similarly a state official believed that the investment should be done for a 'worthy' outcome. Investing effort to provide 'special' facilities for an insignificant group of the population

is associated with cost and benefit concerns. As Danu comment on a ramp on the footpath for disabled people:

"To be honest, as non-disabled citizens, will you be satisfied by seeing green plants or a concrete ramp provided by the state? Whilst those ramps are not necessary for you."

[Architect in Public Work Unit of the BMA, male (33)]

Nevertheless, disabled people believed that money from taxes should be equally invested for all citizens, as Nhung, the vision-impaired person commented:

"I work and I pay tax, why can't we get benefit from it? You walk at night and the state provides street lamps for you. But we don't need those lights. We need a safe footpath with some guiding on them".

[Disability activist, male (34)]

Similarly Prapas, a hard-of-hearing participant commented: *"I've paid a lot of tax, but those buildings have never provided good signs as well, or TV programmes with subtitles for me"* [Architect, male (58)]. Additionally, the importance of access issues also depends on people's views of humanity. Whilst the authority perceives the value of their investment in terms of serving the majority, disabled people view such issues as based on human rights. The following opinions clearly depict these contrast perspectives:

"We did several surveys, disabled person are few in number. It is difficult to enforce the access issue by claiming it as a big project for the annual budget."

[Provincial Administrative Chief, male (55-60)]

"We were trying to lobby the local authority, but they claimed they didn't have enough fiscal year budgets to do what we wanted."

[Leader of provincial Independent Living Centre, male (44)]

"The public policies must not be arranged according to number. Indeed, the access issue is about the life of one human being. It isn't like when the politicians motivate people to vote for their campaign."

[Disability activist, male (31)]

Disability policy seeks to normalise disabled citizens or as Kitchin (1998:347) states ‘to bring people back to ‘normality’ to live with the able-bodied community. Kitchin also points out that segregated provision for the disabled population reproduces the concept that an inaccessible environment is natural. Additionally, it can be understood that the nature of disability policies gives the idea that making the built environment accessible is not the priority of disabled people. The resource arrangements based on categories of impairments tends to draw disabled people’s attention to their legal entitlements. Impaired citizens become passive clients. For instance, the mobility impaired group is entitled to free wheelchairs, and the deaf are entitled to hearing aids. Therefore, accessible facilities in public places seems less important to their lives. As a consequence, it creates an unconscious acceptance of the process of spatial exclusion even amongst those who are the oppressed. For instance, disabled people view the access issue to be of little importance to them; Suporntham shared his experience in working with an access group:

“They do not really commit as it should be. We have three or four thousand in the group, but only a few showed up when demonstrating for access issues. This matter seems not relevant to their livelihood. But, you’ll see several thousand protesting for the lottery quotas, assistive devices or allowances.”

[Disability activist, male (42)]

It can be said that those mixed views about the importance of accessible facilities are shaped by different understanding about accessibility. Therefore, it is necessary to note that the access issue is beyond physical struggle. As Marks (1999:95) contends, the requirement is socially constructed and the term ‘need’ is also bound up with cultural values. We have seen that the importance of accessible facilities is of relative value. The following section explores the key actors and their understanding about accessibility for disabled people. Who has a crucial role to play in creating accessible built environments?

6.1.3 Creating accessible facilities: whose roles to play?

This section discusses the role of key actors which society and disabled people perceive as critical in creating accessible facilities. There have been a variety of views on key

actors who take responsibility for access implementation. This section attempts to develop different points of view on the actors who play key roles in the production of accessible built environments. In addition, the context specificities of the policy are connected with the position of individuals in a certain social context. Imrie (2000b:9) suggests a framework to investigate accessibility for disabled people at locale that depends on

material, political, and cultural capacities of different potential actors or the resources which are available to different individuals and/or groups to realise their (political) interests.

The ideology of disability as an individual or personal problem perpetuates notions about inaccessibility in two aspects. Firstly, it disconnects access implementations from collective societal responsibilities. Secondly, as this idea is reproduced regularly each day, disabled people unconsciously accept this notion and perceive themselves as powerless to influence the policy makers or their society to comply with the established access laws. According to Imrie and Kumar (1998:366), the social position of disabled people has a relationship with their ability to influence the policy professionals, which reinforces the feeling of powerlessness. For instance, many respondents commented that the access issue required the role of the state. Parichat, a non-disabled informant noted *"The ramp in front of individual property is possible for me, but, the state should do in the first place as the role model"* [Shop-house owner, female (63)]. Furthermore, when access facilities have not been met, it has been seen as a responsibility of the people with their impairments. As Wirayut a lecturer commented:

"The access issue should be initiated by disabled people themselves, if they want to use the buildings but they don't speak out, who will speak for them?"

[University Lecturer, School of Architecture, male (34)]

The comments above illustrate that the struggle for accessibility depends a great deal on the role of the state and disabled people. This is echoed in the opinions expressed by 169 respondents who stated that the key actors who play crucial roles in disability issue are *'the state officials such as politicians'* (62.1%) and *'disabled people and their organisation'* (53.8%) (Figure 6.4).

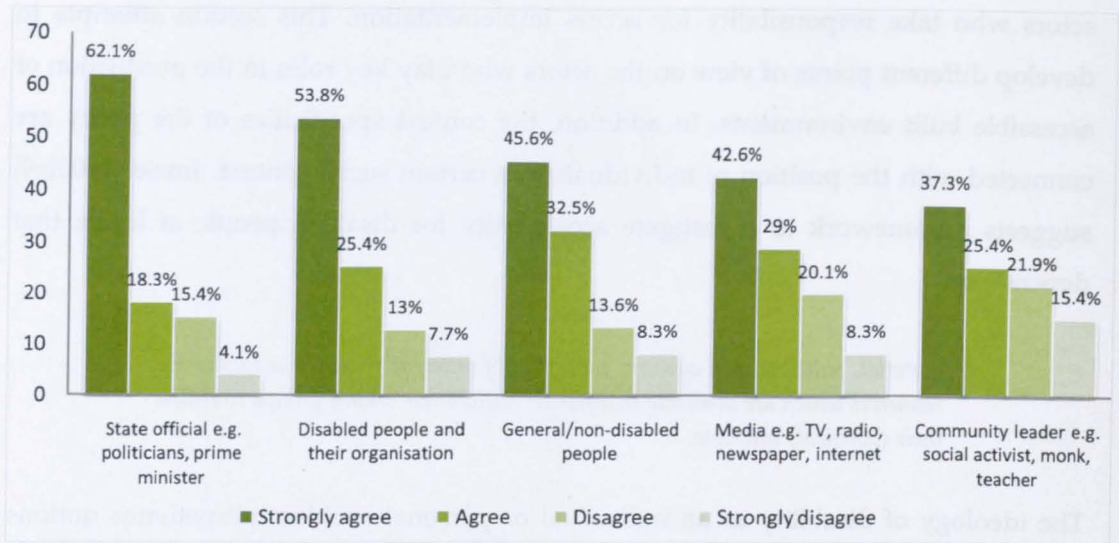


Figure 6.4 The responses to a question: ‘Who plays a key role in disability development?’

Moreover, the authorities concerned seem to avoid taking responsibility for access issues. Many actors concerned with access implementation assume that removing barriers for disabled people is simply a means to resolve ‘individuals or personal problems’. As a consequence, the role of authorities has been reduced to regulating the existing restricted rules and limitation of knowledge. In other words, the solutions are beyond their direct responsibility. As Yord-ying commented on creating access facilities in the municipality offices:

“The master plan of the building was designed six or seven years ago. There was no ramp and no toilet for those disabled. [...] the official architects have little [technical] knowledge about this.”

[Chief of provincial administration, male (55-60)]

In addition, the authorised actors seem to perceive themselves as having little capacity to sort the problems. As Danu explained:

“Those Tedskij get benefits from footpath vending problems. They allow the sellers to set their carts on new pavements. Why should I bother to build good pavements for those carts to ruin it again?”

[Architect in the BMA Public Work Unit, male (33)]

Imrie and Wells (1993:215) note that the actors dealing with access policy tend to perceive these as technical issues for a less important group of citizens ‘or as compensatory measures merely to assist a small and economically insignificant population with special needs’. Furthermore, an individualised notion of the disability problem frequently shapes disabled people’s view that access issues are beyond their ability to change. Even for people who work as a media, an articulation of so-called ‘personal problems’ may become troublesome. Anant who lives with post-polio is concerned about his role in motivating his community about accessible facilities:

“I want to express this but don’t dare to do so. If I start, the issue may affect some politicians here. They might take it as personal matter. I pay tax for their salary, but never been able to use those facilities.”

[Provincial radio host and wheelchair user, male (45)]

Likewise, some people take into account their social position when considering whether to influence the construction of accessible facilities. When disabled people realise that their role exercising influence has been neglected, they feel they hardly have power and energy to invest, as Paradon noted:

“The public work unit must arrange their people to monitor [building process]. For example, those workers don’t listen to the blind who say that those guiding blocks are not practical for them”.

[Disability activist, male (40-45)]

Although some people achieve their goal to influence accessible facilities, the weakness of public work management and lack of commitment constitute misleading of the role of lobbying. As Ngampan, a sister of the Member of Parliament (and current Prime Minister), said:

“I couldn’t get out of my house by myself, because those footpaths have been under construction for six months. The Governor is committed to get it done. I wrote to the Municipality Office, but nothing happened. I don’t want to cry out loud, otherwise people might think I was trying to use my position to get favours.”

[Wheelchair user, female (45)]

In sum, it can be said that understanding of accessibility in the built environment depends on the socio-cultural attitude about a specific group of people. Whilst understanding of accessibility in the built environment for disabled people still involves individual struggles and solutions, there is a requirement to explore the broader social system. The next section discusses the factors that facilitate and hinder the creation of accessible facilities in the socio-cultural and political structure.

6.2 Factors inhibiting creation of accessible facilities

As discussed in Chapter 2, in the production of disabling spaces, the key elements inhibiting access implementation consist of socio-political culture and attitude, resource availability and the practices of the local authorised actors (Imrie, 2000b), architectural design concepts and practice that fail to consider different bodies' spatial requirements in the academic and professional arena. This section, therefore, explores the conditions that make access implementation possible. There are the local socio-political environment and knowledge about access requirement of disabled people held by key authorised actors such as Public Work officials which are characterised by the attitude toward accessibility for disabled people. Additionally, there are key factors embedded in the design concepts and practices of architectural discipline.

External influences from international organisations can be understood as a significant factor in creating accessible facilities. The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP, 1995) notes that, for the industrialised countries, the process of planning and decision-making is regulated by legislation and praxis, that is, custom. The process is accomplished by professionals and overseen by authorities. Furthermore, the UNESCAP also said that in those countries where the administrative structure is weak, the planning and building process is informal and more open to individual wants and means. In many parts of the Thailand's access legislation, there is emphasis on the motivation and cooperation of privately owned buildings. Section 17(1) of the Rehabilitation Act 1991 (Thailand Government Gazette, 2006:6) stated that the concerned ministries must issue the Ministerial Legislation for access facilities in buildings, public places, transport and public services for disabled people (such as providing ramps, dropped kerbs on the

footpath, public disabled toilets). However, Section 18 persuades the private sector to co-operate with the regulation by offering a tax reduction which is double the budget that is invested to create accessible features in any building project. While the access law encourages co-operation from the private sectors, there has been an absence of accessible features in the state-owned buildings such as two storey building with stairs as only form of access.

The nature of the access legislation, which Imrie (2000b:17) terms '*pro-developer attitude*', seeks to motivate the private sector to investment and is open to a variation of interpretation that significantly marginalises access issues in its implementation process. In 1993, Thailand and the other two countries (China and India) were nominated by the UNESCAP to establish a pilot project for '*Non-handicapping Environments for Disabled and Elderly Persons*'. However, the selection by the Thailand government of the site for this project was based on economic stimulation rather than emphasising equal human rights according to the initial aim (Proposal of the Pilot Project in Kabinlikkawanit, 1998:3). The Bangkok business district was established as the focal site covering two square kilometres. The project committees proposed seven shopping centres, three luxury hotels, the Police Hospital, and ten commercial banks around the city centres. Although the initial target group was disabled people, those commercial places were proposed to stimulate the private sector to take part in this project.

Nevertheless, the pilot project was dismissed. In 1995, instead, the proposed venues were plotted in the master plan for building the express train project called '*Sky Train*'. Despite the project being obliged to follow the UNESCAP plan, the Public Work Department under the Bangkok Metropolitan Administration (BMA), opted to publish a design guidance for improving the standard footpath for everyone instead of creating an accessible footpath for everyone as planned. This handbook was later called the code of practice '*Access Standard of Accessible Facilities and Service for Disabled People*' (BMA, 1998).

Notwithstanding, the BMA restarted the project in 1998. This project was prepared for the FESPIC Games which was hosted by Thailand in 1999. The renewal project aimed to improve eleven footpaths in the inner Bangkok to facilitate international athletes

with impairments (Kulachon and Dankittikul, 2005:3). Some of the eleven footpaths have been completely improved in accordance with the BMA's design guideline which adopted international standards from United Nation Promotion of Non-handicapping Physical Environments for Disabled Persons: Guidelines (BMA, 1998:Introduction page). The majority of the selected areas covered the shopping and tourist attractions. This project tends to emphasise improving those areas which have been seen as a magnet for tourists.

Since the works have been done, the quality of several features were found to be far from the standard, without any improvements (Kabinlikkawanit, 1998:42). Because of the lack of training for the workers, lacking of effective co-operation between different Public Work units, and a lack of effective monitoring, the new features created more difficulties for disabled users. Although it was brought about through international disability influence, the nature of the local socio-economic context cannot be guaranteed to achieve accessible facilities. Those improved facilities, e.g. even pavements and guiding blocks for the blinds, are of little value to the disabled users. As one wheelchair user commented, *"there's nothing to do with us in those places [e.g. high street shopping centres]. Getting there is already a cost"*.

Furthermore, my preliminary survey in 2007 found that the warning blocks for people with visual impairments were arbitrarily placed on the pavement. The guiding blocks are of two types: the button pattern is for warning and stopping when there is different level of pavement, and the bar-type one is for guiding the visual impaired pedestrians in reaching facilities on a footpath such as a phone box or a bus stop. Those features are arranged differently from the design guidelines (compare a completed work and an example of the design guideline in figure 6.5, 6.6 and 6.7 respectively).

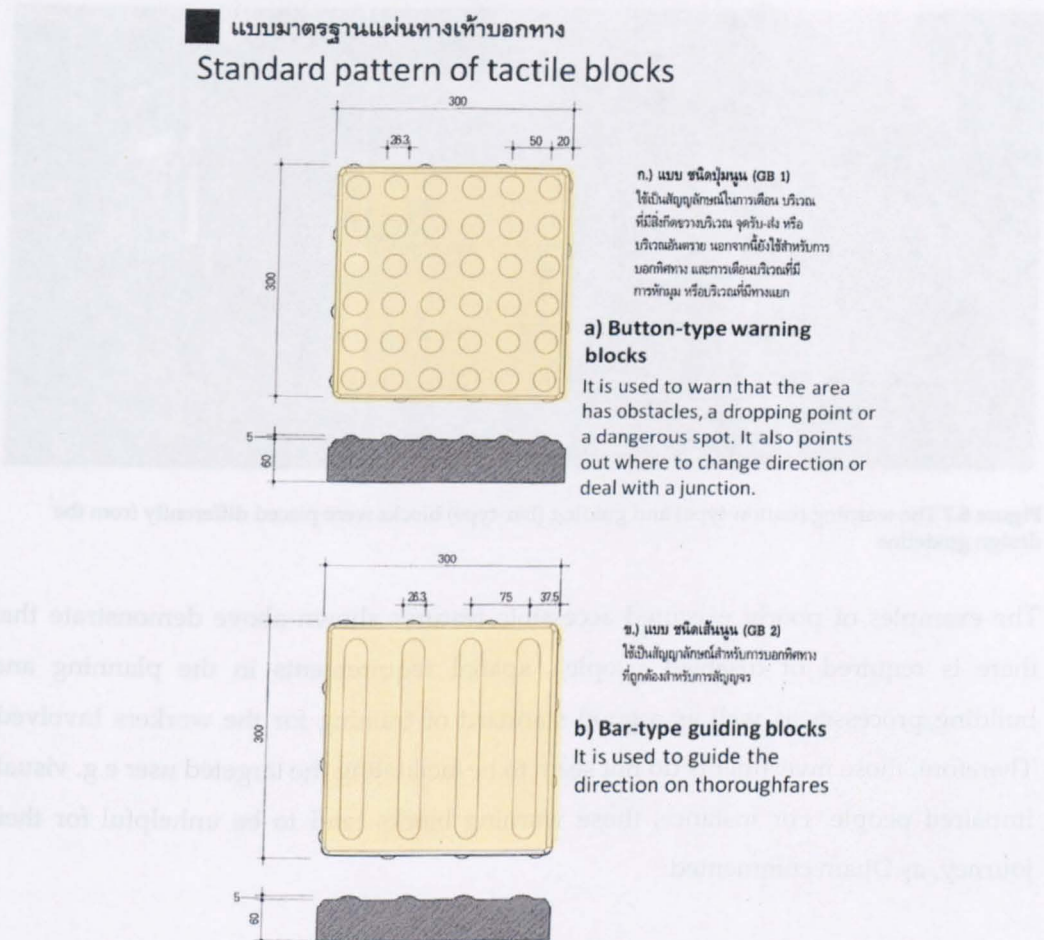


Figure 6.5 Two types of the Braille guiding blocks for vision impaired people

Source: Recommendation on Buildings and Environments for People and Disabled Persons [English language added](BMA, 1998:30)

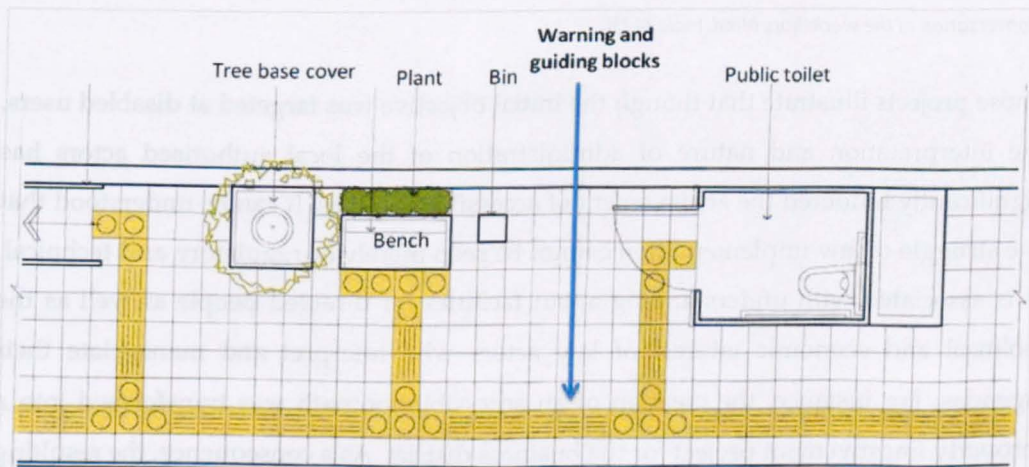


Figure 6.6 Design guideline for the warning blocks on a footpath (BMA, 1998:20)



Figure 6.7 The warning (button-type) and guiding (bar-type) blocks were placed differently from the design guideline

The examples of poorly executed accessible features shown above demonstrate that there is required of disabled people's spatial requirements in the planning and building processes as well as a good standard of training for the workers involved. Therefore, those investments do not seem to be facilitating the targeted user e.g. visual-impaired people. For instance, those warning blocks tend to be unhelpful for their journey, as Dham commented:

"It doesn't make much difference if those footpath surfaces are uneven. I can't make any distinction if these are warning or just the usual rough pavement. Actually, I simply want a smooth pavement and some warning tactile blocks at a change of level, no need for guiding."

[Conversation in the workshop, blind, male (42)]

Those projects illustrate that though the initial objective was targeted at disabled users, the interpretation and nature of administration of the local authorised actors has significantly hindered the achievement of accessible facilities. It can be understood that the struggle of law implementation cannot be seen merely as regulatory and technical. It is associated with understanding about facilities for disabled people as well as the political and economic interest of key actors who interpret and manipulate their agendas. For instance, the creation of an accessible footpath was transformed into a property improvement project for the business district. As a consequence, the resulting 'accessible features' on the footpath have not fully met their initial aim.

6.2.1 Socio-political culture and accessibility struggles

In Thailand, the majority of public facilities and services managed by State-Owned Enterprises (SOEs) have had increased signs of weakness in policy implementation. The state regards public facilities and services, in particular transport as their possessions and a form of security (Nitsmer, 2008). In this way, investment in public facilities and service tends to be based on a cost and benefits analysis. In Thailand, the state intervenes rather than acting as a facilitator or a subsidiser through resistance against private investments via labour unions (ibid.:175). Most public facilities are either designed with reference to Western standards or arbitrarily designed by the state officials concerned (Tanaboriboon and Guyano, 1991:52). Development of those public facilities and service which have little effect on the majority of consumers is taken forward slowly. In other words, the investment for disabled people who are viewed as a minority of consumers is significantly behind.

For Nitsmer (2008), the struggle of resource distribution is associated with unequal state responsibilities segregated by the different economic capacities of the population. For instance, the bus service system in Bangkok contains distinctive standards compared to the urban express train system: the Sky Train (BTS) and underground train (MRT) services. The bus system has been perceived as the fundamental mode of transport for urban people with low incomes. It is based on a welfare-oriented provision. However, its condition is often decrepit and it provides an unreliable service, even though the cost of bus fares is one-fifth of the express train service which is faster and cleaner, and restricted to the urban area. In this sense, the commercial services are limited because the SOEs favour the concessions that focus on the markets with the greater ability to pay (Nitsmer, 2008:188). Situations like this affect disabled people, the majority of whom are disadvantaged by a lack of accessibility to public resources and decent paid jobs. The bus system has failed to improve accessible facilities because the authority is less than vigorous about providing low entry buses for wheelchair users.

Furthermore, implementation of accessible facilities in urban Bangkok struggles with less strict accountability amongst different Public Work units of the Bangkok Metropolitan Administration (BMA). It reduces the quality of public work done when

measured by its standards. Figure 6.8 shows a high-level duct cover of a Water Work Office which was required to be levelled down to the same level as the pavement.



Figure 6.8 Examples of duct covers of the Water Work Unit

These are installed higher than the pavement level. As a result, they obstructed many people particularly with walking aids or visual impairments.

In this case, a project stakeholder revealed that a lack of consistent inspection creates a big gap so that it results in greater physical barriers for disabled pedestrians. The authorised actor seems to deny their responsibilities, and so the inaccessibility struggles seem to be left to the individual who carries disability. Danu, the architect in the Bangkok Public Work Department, explained the problem of the duct cover obstructing the footpath:

"We are civil servants unlike the politicians. We have no need for an accredited project, so no one wants to invest more time after their jobs are done. My role has little power. They [Water Work Officials] claimed those features

are difficult to remove [...] otherwise, we need to cut off all the water supply along that road for days. I think we need the role of disabled people to force this."

[Government Official in Public Work Department, male (33)]

In part, the comment of the Public Work official above can be understood that the level of access implementation in urban settings depends on the influential role of disabled groups. Imrie (2000b:20) notes that the strengths and weakness of local disabled people are 'critical ingredients in shaping the respective "local political environments" and responses to disabled people's needs'. In contrast to the urban cases, disabled people the rural settings seem to have relatively little role in lobbying the authorities. Yord-ying, a provincial civil servant, responded to the access issue:

"I know there are [access] laws. I built a ramp in my office, but they've [disabled people] never come to use it. Most of them stay in their house, hardly take part in any issues. Sometime, I need to call them out to get their allowance."

[Chief of Provincial Administrative, male (55-60)]

In addition, the factors inhibiting the local political culture also deal with the attitudes of state officials and transparency of their administrations. Corruption can be seen as a crucial obstacle that creates gaps in access law implementation. The huge investments of the state projects often provide opportunities for the politicians and political parties who get used to augmenting their private incomes by taking from public expenditure. As Phongpaichit (1999) points out, those government agencies try to resist introducing and implementing anti-corruption measures as well as tightening government control over economic activities and over government institutions to ensure the flow of corruption revenue. For instance, in the new international airport project, the government reduced the bidding partners to only one company (ibid.1999:5). What is more, the reduction of the building specification is part of corruption by effectively creating accessible facilities which are lower than its standards. Yord-ying commented on the cause and effect of corruption of bureaucratic people in building projects:

"Fiscal year budgets impede them from collecting a lot of money. Therefore, they corrupt specific projects. The greatest opportunity for corruption is in construction

projects. [...] As a result, there has hardly been money left for basic infrastructure. Let alone those facilities [for disabled people]."

[Chief of the provincial administration, male (55-60)]

Disabled People International (DPI) organisation has followed the progress of accessible facilities in the Suvarnabhumi International Airport project. Its leader considered this case to be urgent in the sense that the authority neglected the disability issue even in such a big project which has been considered as the pride of the country. Topong recounted:

"When I saw the construction drawing, there was nothing about access features. [...] I requested the Minister of Transportation [name] if I could take part in this project when it was just starting. They didn't allow me to get into the construction site. They said 'it's too dangerous for us.' Until the project was almost completed, the same Minister said they've never heard about this issue [access facilities for disabled people in the airport]."

[Disability activist, wheelchair user, male (47)]

The DPI leader also visited the Prime Minister during campaigning for a new election. Among the public and media, Topong raised the issue of the absence of accessible facilities in the new airport. *"In front of those media people, he [the Prime Minister] promised, he will deal with this issue, but there was nothing happened since then."* The DPI and other disability organisations got together as a group of more than two hundred people. Eventually, they were able to express their agenda to the Prime Minister.

"After we fought for eleven months we can get into the construction site. Those access facilities were very poor, lower than international standards. [...] they [the airport company staff] told us it was too late for any correction, they can't do anything."

It is clear that the key struggle revolves around a lack of transparency and a neglect of the needs of disabled people in the planning, design and construction process. *"This is a crucial case which reflects the fact that the state and authority deliberately ignored our needs"* commented the DPI leader. Furthermore, in the case of budget management, international disability network moderated this problem. The leader of the DPI immediately contacted the Airport Company when the Japanese disability organisation

informed him of different information about the achievement of accessibility in the new airport.

“They [Japanese disability organisation] sent a congratulation letter to DPI that they were informed from the JBIC⁴¹ that the Thailand government had fully equipped accessible features for disabled people”

In contrast, the preliminary survey of DPI staff founded several hazardous spots in the airport. For example, the design of passenger ramps with slippery material at the gates creates risk of injury for wheelchair users (see Figure 6.9)



Figure 6.9 A ramp in the new airport project

A design error spot which is considered as a dangerous point in the Suvarnabhumi Airport. The surface of the ramp is built with sleek material (stainless steel). The stairs are placed immediately at the end of the slippery ramp.

Source: DPI staff, attached photograph via personal email, 16th January 2007

In sum, although Thailand has had access laws in accordance with the international standards, the struggles to achieve what they promised depend on interpretation and regulation through the nature of local political variations of approach. The struggles inhibit how access laws are interpreted, depending on a lack of effective co-operation amongst public work officials, degree of lobbying by local disabled people and variation of enforcement between the state and private sectors. This complicated problem can be summed up as Ngampan commented:

⁴¹JBIC or Japan Bank of International Cooperation is the international bank that gave the largest amount to the Thai government for the construction of the new airport project. Thirty percent of the airport's construction cost was covered by Airports of Thailand (AOT), while another 70 percent came from JBIC. **Source:** Suvarnabhumi Airport website, online available <http://www.airportsuvarnabhumi.com/about-suvarnabhumi-airport/> accessed: September 2007

"The authorities don't see access issues as a duty to their citizens. The most important barriers are the patron-client relation, having said that I might have my neck cut [...] and corruption in the bureaucratic system. We have right to vote, then we shouldn't rely on the patron."

[Wheelchair user, female (45)]

In the preceding section (6.1 and 6.2) we have seen abstract causes of access problems embedded in the understanding of the local political administration. We have seen the problems in a hierarchical bureaucratic structure, which emphasises the role of authorised actors, requiring a dismantling of unequal techno-bureaucratic practices in favour of participative democratic structures (Imrie and Kumar, 1998:372). Imrie and Kumar also suggest interpreting access issues as a socially construct and moving beyond statistical and medicalised strategies. The solution should deepen understanding about disability and the needs of disabled people, whereby impairment should not be segregated. In turn, the policy decision making, planning and building process should include people with various conditions of difficulty.

6.2.2 Disembodied architecture: knowledge and practice

A key agent in the process of the creation of disabling architecture is related to the conception of the design and practice in architectural discipline (discussed in Chapter 2.2.1.). Hall and Imrie (1999:410-411) point out that the attitudes and values of design professionals are *'an important site and source of building users' estrangement from the built environment'*. In one respect, the complexities of the human body and life tend to be reduced to a form of knowledge which is underpinned by technical solutions and quantitative measurements in the design education and process. In this sense, the spatial requirements and access issues seem to be addressed as a *'special'* subject in the design studies. Wirayut, a course director, responded to an issue about knowledge of accessibility for disabled people:

"We don't teach this in general subjects. If there are some, it is in selective courses like 'urgonomik' [Ergonomics] studies. Having said that, if any student who doesn't do a project about disabled users, they might not take this for granted."

[School of Architecture, male (34)]

Likewise, Puangpetch a course tutor responded:

"In some cases, if the students proposed their targeted users as wheelchair users, I told them to look in the handbook of human standard data. It is very important for them to know the degree and length of ramps and stuff."

[School of Interior Design, female (46)]

The concept that different bodies' requirement can be reduced to technical specificity can be understood as resulting from the modernism design theory (particularly that which is derived from Western thoughts). Its focus tends to be on the aesthetic, and therefore, the uncertainty of human body and needs have been seen, as Imrie (2003:47) expresses drawing on Le Corbusier's view of the human body as

a contaminant that countered the ideal of geometrical purity, with the capacity to destroy the visual quality and intrinsic meaning of the architecture.

This notion has been conveyed through design and building products such as in a form of a design standard handbook, which

[...] are problematical for (re)producing (pre)conceptions of the human body which are ahistorical and lifeless [and] sometimes so far removed from reality as to be worthless (Imrie, 2003:56).

Some respondents required a means to input awareness of different requirements in the design course, as Chard commented:

"I attended a class when I was in America. We were assigned to pretend to be a wheelchair user. That was really practical learning by doing stuff. But I found that it is difficult to get such a tool here. Seems our faculty see it is good for nothing."

[School of Interior Design, male (39)]

The architectural pedagogy in this approach tends to see accessibility for disabled users as a specific subject for particular project or a knowledge which is less than important in a design process. This notion reduces the access issue into a matter of

particular group of bodies. In other words, accessibility of disabled people is an individualistic concern. Moreover, this issue is also linked to the idea of good work and moral soundness. As Atipu, an architect in a design firm responded:

"to be honest, I have no idea about [access] regulation. But I've heard of access issues when I was in architecture school. If anyone proposed a project for disabled users, they will be marked up from B to B plus because of their moral concern."

[Project architect, male (34)]

Furthermore, the design professionals seem to pass on their responsibility in creating facilities for disabled users. In some cases, they believe that providing accessible features depends on the decision of property owners or operating for a willing clientele. As Chokchai responded:

"the project owners hardly take disabled groups into their consideration because they often say they have hardly seen disabled clients visiting their shops. So I always cut this group out straight away."

[Interior Designer, male (35)]

The design process and outcome which is underpinned by such notions often fail to respond to the needs of people with different capabilities and attributes. In many cases, the built environment also fails to deliver basic functionality, as Nhong commented:

"Such a pity that disabled people have never been taken into account in those buildings. They [architects and builders] might not know our needs, or they think this account is not important at all. I am able to enter a building, but I don't know what it is trying to communicate with me, who can't see. I need an information system. Otherwise there is no value in that building for me."

[Blind person, disability activist, male (34)]

We have seen that the knowledge which is embedded in design and construction is very important. It is conveyed through the way the built environment is created. Therefore, it is crucial for the design knowledge and practice arena to consider what Imrie (2003:64) suggests on two key issues: 'open-minded' thinking about including

differences of bodies and the interrelationship amongst the social, the aesthetic, the practical, the subject and object, and the body and the mind which should be brought together.

6.3 Access constraints and spatial requirements

The section investigates the many ways that oppression and exclusion are consequentially affected by a variety of forms of inaccessible built environment. Again, the discussion in the Chapter 2.2 about the creation of disabling built environment helps to understand that the buildings, footpath, buses and other public facilities are not neutrally created. Instead, they are built through and reflect perceptions about disability and accessibility of disabled people. As Kitchin notes:

The forms of oppression are played out within space and are given context by space. Space is organised and written to perpetuate disablist practices.
(1998:346)

For Imrie (1998:361-362), a design apartheid which acts as an effective barrier against people with mobility impairment can represent the dominant meaning of one group in the society as they stereotype another group as the 'other'. That value, both implicitly and explicitly, is embedded in the built environment everywhere, from the uneven pavement with high kerbs at the end of footpath, public buildings without an accessible toilet, to the segregated institutions provided for disabled members which are organised to keep disabled people 'in their place' (Kitchin, 1998:345).

Many buildings in Thailand as in the Western countries, Hall and Imrie note (1999:409) that they are not designed to facilitate wheelchair users and only few contain accessible features. Urban Bangkok, where investment comes largely from Japan (Smith and Timberlake, 1995:294), does have elements as in other capitalist cities that 'a critically disabling features of capitalist cities is their inaccessible design (Gleeson, 1997:369)'. Inaccessible built environments significantly affect perceptions of disability, of disabled people, and society. As Freund (2001:693) highlights:

[I]f people with an impairment are not automatically or 'naturally' disabled, it is also possible that those who are not impaired may be disabled in a particular temporal-spatial context.

This section looks at three forms of disabling built environment that create spatial and social oppression for disabled users. A variety of spatial experiences and requirements of disabled participants show that those physical impediments do not only circumscribe physical accessibility but also socially exclude and oppress disabled people in manifold. The forms of disabling situations are based on Gleeson (1998:92)'s three ways in which environments discriminate against disabled users by disregarding their spatial requirements. There are 1) physical barriers to movement for disabled people, 2) building architecture that excludes the entry of anyone with different abilities of movement, and 3) inaccessible public transport modes.

6.3.1 Physical barriers to movement

In many places, disabled people struggle with physical barriers as soon as they step out from their living spaces. An experience of using the public pedestrian system by Noi reveals that spatial exclusion occurs daily. Her workplace is closer than one kilometre from her house, but she has to hire a taxi for a return trip every day because

"The footpaths are full of vendors and unorganised public infrastructures like telephone boxes and advertisement poles are scattered on a very narrow sidewalk. [...] otherwise, I can roll to work, this distance should be very easy for me"

[Wheelchair user, former athlete, female (38)]

In this case while using a wheelchair instead of feet disabled pedestrians are forced to pay more than non-disabled counterparts. Furthermore, by failing to acknowledge a variety of spatial requirements of impaired people, the 'accessible' features provided for disabled people can become sources of barriers added to existing constraints on footpath. The information from the online survey with 55 disabled respondents reveals that the most visible accessible features on public footpaths (yellow warning blocks for the blind) are not as important as even pavements. Sixty percent of 55 respondents felt that an 'even pavement' is the most required element while only 21.8 percent felt that

warning blocks are the *'most necessarily needed'*. Interestingly, 23.6 percent stated that those features are *'not necessary at all'* (Figure 6.10).

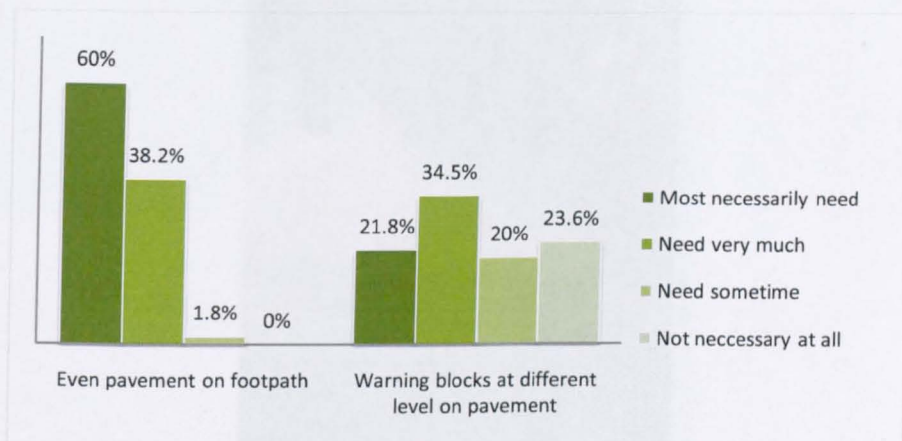


Figure 6.10 'How much do you need these features on the footpath?' Two sets of data compare the 'even pavement' and 'warning blocks for blind'.

Source: Online survey with disabled respondents, October 2007, (N=55)

The information above echoes some comments from participants with different spatial requirements. Dham, a blind person said *"We've never been trained to use a cane to touch a surface. Therefore, tactile blocks on pavement are not helpful for us."* Similarly Sawang, a mobility-impaired person found:

"Those guiding blocks along the way obstruct my wheels. At some points, the buttons on the steep slope make it much more difficult for me to roll upon"

[Conversation in the access survey, male (31)]

In addition, the lack of well-trained workmen can create errors in design and building outcomes which effectively lead to risk of injury for disabled users. Pomme, a visually impaired person commented: *"the bar-type one is not for me at all, since it led me to hit a pole or a wall"* [Female, (29)]. (See an example in Figure 6.11)



Figure 6.11 Bar-type guiding blocks for blind pedestrians

A sample of lack of training and knowledge of the vision-impaired people's spatial needs are reflected on an installation of the crossover stairs over the bar-type blocks for blind people. It creates risk of injury if the blind person follows the bar-type pattern.

In many areas, the misuse of public space by people with different interests also effectively causes a danger to disabled users. For instance, the footpaths are not only used as walkways, the food vendors often park their vehicles on it. During the access audit, while Sawang was carefully looking left and right to cross a street, he could not see the vendor's car was moving backward. The driver could not see Sawang on the back (Figure 6.12). This incident threatened the safety of wheelchair user, and to a certain degree, disabled bodies feel they are vulnerable and oppressed. As Sawang reflected *"it's too risky, that's why I normally use a taxi rather than wandering around on the footpath"*.



Figure 6.12 A dangerous of a car which uses footpath for parking

(Left) Sawang was looking left and right to cross the street (Right) the vendor's car was moving backward without noticing Sawang was at the back of the car

When the built environment fails to respond to a variety of spatial needs of different people, this creates greater difficulty in the lives of disabled people. For instance, they need to adapt their behaviour in daily activities. As Sawang continued:

"I must plan for every single trip. Thinking whether it is possible for me or not. I felt disadvantaged. Hence, there isn't any motivation to travel."

A hostile environment that a disabled person encounters can be seen as creating problems beyond the physical dimension. The vendor parked a car on footpath that violated the law. However, the weakness of law enforcement perpetuates greater physical barriers against disabled people. For instance, there was a sign posted by the BMA below prohibiting parking on the footpath, while there were cars were on the footpath.



Figure 6.13 'No-parking' sign on footpath

This sign was posted by the BMA Pathumwan District to prohibit all vehicles parking on footpath while the food vendors' cars are parked there (left).

We have seen that those lacking knowledge of disabled people's spatial needs and the mix of uses of the footpath effectively impedes disabled people from to sharing public facilities for movement. As a consequence, many non-disabled participants frequently respond that they rarely see disabled people using those public facilities. This situation constitutes a misconception that disabled people are a minority group and their places are mostly limited to residential and healthcare centres. In this way, inaccessible facilities exclude disabled people from fully participating in the social life of the public sphere. Disabled people's spatial knowledge is required in the policy decision making, designing and building process.

6.3.2 Inaccessible architectures and social exclusion

Buildings which are designed and built without facilities for users in wheelchairs, or with visual and hearing impairment, effectively exclude them from political participation. Gleeson (1998:92) notes that it '*reduces disabled people's capacity both to engage in political activities and to establish and maintain effective ties*'. For instance, the typical architecture configuration of the municipality office has two storeys with some steps at the entrance. Lifts or ramps are rarely provided for users with walking aids. Political exclusion was experienced by two wheelchair users. For the general election, some people wished to vote in advance. The absence of accessible facilities in this case impedes a direct political involvement. As Ngampan, a wheelchair user recounted:

"Although there was a lift at the poll station, it was closed because it was Sunday. The staff didn't know how to deal with me. They couldn't bring the paper down for me to vote. It violated the election rule. Eventually, I was carried up over two flights of stairs, very awkward."

[Female (45)]

Likewise, disabled people seek to take part public activities that relate to their lives. However, their active political participation is denied. Anant was invited to a seminar about disability welfare benefits which organised by a local municipality. Though the name of this event was 'Disabled Persons' Day', this can be seen as an oppressive experience because

"the event was organised on the second floor, without a lift. I waited, but they couldn't manage to take me up. Then I decided to head back home. I was really upset. [...] they [state officials] often do what they think it's good for us, but never try to listen to what we want."

[Radio host, wheelchair user, male (45)]

In addition, the absence of accessible facilities greatly reinforces a process of segregation of disabled people from their mainstream social activities. On some occasions, although there have been an accessible toilet provided, a lack of awareness of disabled people's needs maintains disabling barriers. Noi described being confronted with an inadequate inaccessible toilet, *"In many places, the disabled toilet is locked. A cleaner told me they want to prevent teenagers using it as a motel room."* Another example is that of toilets in a private hospital, although an accessible toilet was available, ignorance of different abilities to use the facilities maintains the oppression of disabled users. *"There was trace of shoes on the toilet seat. It seems someone squatted on it. I can't choose. There're only two choices: sit on it or not use it at all"* *[Wheelchair user, female (38)]*

Furthermore, disabled people who wish to join social life in public places are perpetually limited by segregated design. Spatial segregation is still experienced by impaired bodies, even though the accessible facilities and service are available. As Freund (2001:697) explains *'a space may be physically accessible, yet given its meaning, be experienced as oppressive'*. The separated seats for disabled audiences in the theatre were experienced as a deprivation of opportunity for full participation with their friends. Ngampan referred to an experience when she could not sit next to her family in a theatre. *"There was a special space for a wheelchair at the front row. I was pushed and sat there alone. It's quite unpleasant."* *[Wheelchair user, female (45)]* Moreover, oppressive meaning is expressed through inadequate design of accessible facilities in other different forms. As Paradon, the former F16 pilot experienced:

"I asked my headman to remove the very badly-made ramp in front of my office. It was built with a sheet of thin plywood, looked pathetic. I'd rather ask the Privates to carry me up stairs instead".

[Wheelchair user, male (40-45)]

Such experiences illustrate the importance of how architectural design directly and indirectly generates two aspects of impact on disabled people's lives. The political and social exclusion crucially limit and shape disabled people's equal opportunities as a human. Krisana, a TV host, noted:

"Indeed, I believe that there is no 'Kon Pi-garn' [disabled person], but the environment is Pi-garn. [...] living alone, it is already exhausting enough just getting out of the building where I live. Leave alone those stairs, just a step on the footpath, I must ask the security guard to lift me up. 'Please help me', everyday like that [...] having said that, my human right was violated. I cannot go everywhere I want, unlike the others."
[Wheelchair user, male (39)]

6.3.3 Inaccessible transport

Gleeson (1998:92) points out that a mode of transport which accepts the assumption that *'passengers have a common level of ambulence'* constitutes discrimination against disabled people. In this sense, the transport system in Thailand requires further discussion on the socio-cultural rather than merely the technical aspects. As discussed in section 6.1.1, a new bus service with low-floor entry for disabled and older passengers was introduced in inner Bangkok. However, they still struggle to use this system and this seems inherent in the effects of perceptions of accessibility for disabled people. Ngampan commented that the problems with the bus facilities may have a dependency on socio-cultural elements rather than be the fault of assistive technologies:

"Don't think it's a question about having low-floor buses or not. Even able-bodied people still have to run after it [the bus]. I'm still looking for a driver who stops and waits for us. But that may need twenty or thirty years long. The physical environments are not just things, but also about people."

[Wheelchair user, female (45)]

As Imrie (2000a:1646) emphasises, moving around in the built environment is a *'constant reminder to disabled people of their corporeal identities'*. Inaccessible modes of transport effectively maintain the notion that disabled people are different and *'unable'*. In many ways, walking-aid equipment, wheelchairs, white canes for blind persons can label as undesirable the identities of the individuals. However when facing with

physical barriers, disabled people are obliged to use those identities to overcome both physical and psychological impediments. This is evident in the oppressive experience of Pomme, a low-vision impaired person who prefers not to use a white cane on a daily basis. We cannot tell that Pomme has a visual impairment from her appearance. Her eyesight is low, but she is able to see things close to or in big lettering. Most of the bus numbers are made in a small size (see an example in figure 6.14), buses do not come on time, and there is no information about services at the bus stop.



Figure 6.14 An example of the number in front of the bus

In order to avoid these difficulties, Pomme ought to take the unwanted identity.

“Earlier, I felt embarrassed to hold it, but now it is a must...especially when waiting for the bus. If I don’t hold a cane, people reacted as if they were annoyed when I asked what bus number is coming.”

[Low-vision person, female (29)]

Oppressing processes can occur every day, such as in this example of inaccessible transport. Likewise, Jieb’s experience tells us that disabled people tend to be denied the same spatial choices as able-bodied people. What is more, their dignity and opportunities in life are deprived because of an absence of facilities enabling disabled people to move around.

"We rely on the taxi service. I went shopping with my mom. While we were queuing, the one who can walk took our turn because I moved slower than him. I waited for another hour. When the taxi arrived, the driver didn't step out from his car. My mom carried me up to the car alone. Then I asked if I can put my wheelchair in the boot, the driver replied, 'well, I won't go then'. I almost cry, and told him 'please, all our stuff is here in your car'. He called a security guard to carry me out of his car. It was really difficult."

[Wheelchair user, female (25)]

In an urban city like Bangkok, the taxi service seems to be one of the few modes of transport that is accessible for wheelchair users. However, the experience of Jieb illustrates that this method of transport cannot guarantee equal accessibility. By law, Clause 93 in the Road Traffic Act (B.E.2522) 1979 states that the laws 'Prohibit taxi drivers from refusing to carry passengers, unless the passenger is likely to cause harm'. In addition, Clause 152 identified this penalty: 'Any person who violated or fails to comply with Clause 93 shall be liable to a fine not exceeding one thousand Baht'. However, the key solution does not necessarily rest in legislation and its implementation. It rests rather on attitudes and understanding about the needs of disabled people. Jieb shared another discouraging encounter:

"In some cases, a taxi driver rejected me. He said my wheelchair might scratch his car. Then I called [number to complain about taxi service] and reported his car-licence number. A member of staff told me some drivers opted to pay a thousand⁴² rather than taking the wheelchair user, I don't know why."

Frequently, accessible facilities in the mode of transport are inadequate. As a consequence, disabled people have to adapt their environmental behaviour to fit with the unadaptive built environments. For instance, a lift is installed in the Sky Train station, but not all stations. Furthermore, the disabled travellers must wait for a service from available staff. Therefore, Noi instead managed to use the escalator (Figure 6.15) to reach the train platform.

⁴² The fine of 1,000 Baht is approximately double the taxi drivers' income per day. A poll done by a research centre at Dhurakit Bundit University revealed that, in 2008, the average income of taxi driver ranges between 300-500 Baht per day. Online available: <http://www.dpu.ac.th/researchcenter/poll.php?act=view&id=8>



Figure 6.15 Using an escalator to reach an elevated train platform

In this photo, Noi is holding handrails and preparing to roll over a moving escalator in the BTS Sky Train station. It is a consequence of the inadequate lift service.

In addition, when many disabled people are faced with inaccessible or inadequate public transport encounters, some people choose to use the private transport. However, many of them still are impeded by the complexity in theory and practice of 'accessible facilities' for disabled users. For instance, parking spaces for disabled clients are provided in a number of shopping centres in Bangkok. Nonetheless, those spaces are often occupied by non-disabled people. It seems that an understanding of the actual requirement of disabled people and physical delivery are not necessarily the same. To a certain extent, this creates a physical barrier to disabled users (Figure 6.16). Mhoo's experience revealed that the disabled symbol at the parking space could not guarantee her rights to access.

"I drove round and round searching for an empty space until I found one on the fourth floor. But the security guard placed a barrier on it. I couldn't get off to remove it myself, I was alone there. Then I drove down to the ground floor again to call the guard to remove it. I spent a lot of time and energy."

[Wheelchair user, female (45)]

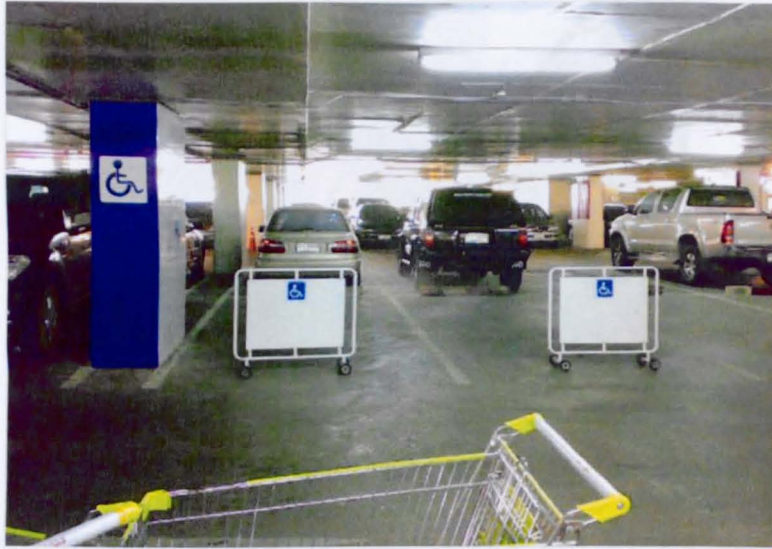


Figure 6.16 An example of parking spaces for disabled people in a shopping mall

Encountering spatial difficulties, disabled people have often been excluded from the decision making process through the society's '*norm*' that disabled people are a '*deviant minority*' (Matthews and Vujakovic, 1995:1082). In this way of thinking, disabled people tend to be seen as a minority. Failure to provide accessible facilities for them is often considered as '*not a great problem*'. A public transport system that does not take disabled people's requirements into account creates perpetual difficulties in the lives of disabled people.

However, information from the online survey⁴³ reveals that disabled and non-disabled people have the same requirements in using public facilities. The place of disabled people is not necessarily at home. The disabled (N=55) and non-disabled (N=84) respondents needed to travel and used public places (61.8% and 97.8% respectively) in their everyday lives. Furthermore, because of the lack of accessible public transport, few disabled people manage to travel independently. Because the public accessible facilities are absence or inadequate, 47 percent of disabled respondents need to travel with other person(s), while only 15 percent are able to travel without assistance from other people.

⁴³ Information for the online survey was gained from 84 non-disabled people and 55 disabled people. Out of 55 respondents, there were 80% with mobility impairment, 9% with visual impairment and 11% with hearing impairments. The data was collected in October 2007.

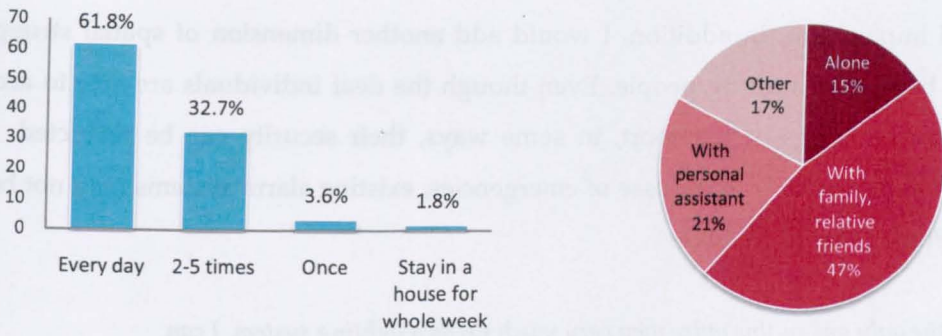


Figure 6.17 (Left) Frequency of going out and about and (right) disabled people travel with whom (N=55)

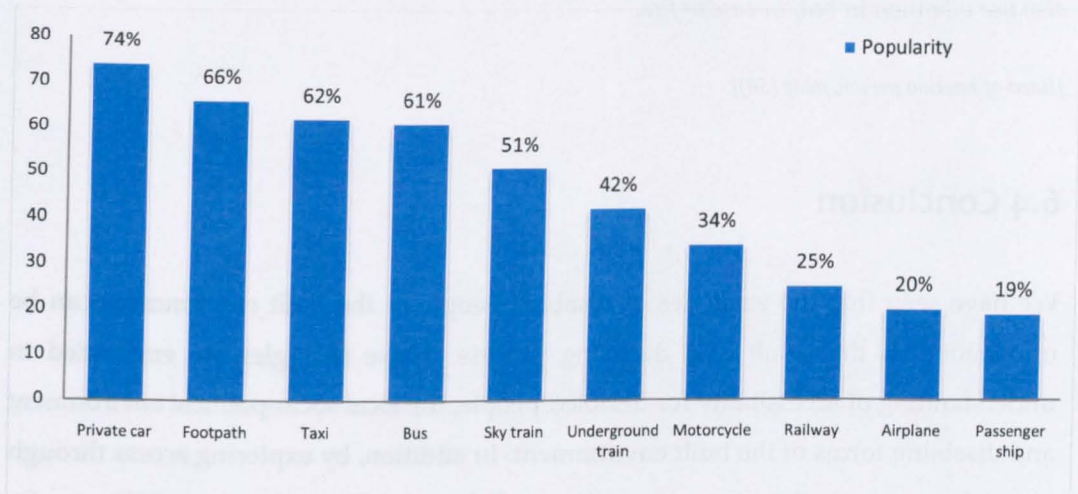


Figure 6.18 Popularity of mode of travel of disabled respondents (N=55)

This quantitative-based survey does not aim to generalise to the transport needs of disabled people at large. Rather, it seeks to supplement the information using in-depth interviews with disabled participants. Non-disabled interviewees often refer to needs of disabled people as *'special'* or *'rare'*. However, figures from the survey reveal that the facilities provided by the state have not met the needs of disabled people. Therefore, disabled people are hardly ever seen in public places. Furthermore, those trends reflect the failure of policy implementation intended to meet disabled people's requirements. This is still based on what Barton (1993) states is a notion that disabled people must adapt their *'inability'* to fit with the demands of society. Therefore, the struggles of disabled people we have seen throughout this section are mirrored in an *'unadaptive, unhelpful and unfriendly environment which needs to be examined and changed'* (ibid.:238).

This section has discussed the lack of accessible facilities in three types of the built environment and the tendency to have a particular impact on people with mobility and

visual impairment. In addition, I would add another dimension of spatial struggles faced by hard-of-hearing people. Even though the deaf individuals are able to access and use buildings or transport, in some ways, their security can be restricted. For instance, particularly in the case of emergencies, existing alarm systems may not be of use. Prapas shared his ideas:

"I'm the only one in this office who very much needs a lighting system. I can notice by a blinking light when someone knocks at my door. In my house, I also use vibration in bed, in case of fire."

[Hard-of-hearing person, male (58)]

6.4 Conclusion

We have seen that the struggles of disabled people in the built environment can be understood as the result of a disabling process. Those struggles are embedded in understanding of accessibility for disabled people, the local socio-political environment and disabling forms of the built environment. In addition, by exploring access through a social constructionist view, we understand that problems of inaccessibility go far beyond the physical dimensions. Disabled people are experts on their spatial requirements. Those accounts of three social processes and products have an interrelationship. That is, how society understands accessibility is reflected in the ways access legislation is interpreted and practiced. Therefore, the result, inadequate or absent accessible facilities, is reflected in the spatial suffering of disabled people.

What is more, the abstract disabling notion can become material through the ways the physical environment is constructed, and a minor barrier can grow in importance leading to greater abstract oppression. In other words, those struggling with barriers internalise a feeling of passivity and oppression of disabled people. This phenomenon can be summed up in the following diagram.



Figure 6.19 Physical exclusion and social oppression is a part of the socio-cultural process

A minor inaccessible element (in middle red circle) which is a product of the understanding of accessibility for disabled people (left). The inaccessible built environment, therefore, generates greater spatial exclusion and social oppression for disabled people (right).

In addition, we have learnt from Chapter 5 that parts of Thai society still perceive disability problems as belonging to individuals. Hence, inaccessible public facilities tend to be regarded separately from disability solutions. Furthermore, in many cases, disabled people, as a minority group of the population, have been seen as passive actors in the process of finding solutions. In many cases, their spatial requirements have never been taken into account. The key actors are frequently (non-disabled) authorised actors such as state officials, policy decision makers, architects or property owners. As a consequence, inaccessible public facilities are continuously disabling people. In this sense, disabled people do not only encounter physical impediments, but they also struggle to input their spatial requirements. In this regard, removing physical barriers is an extremely high priority for disabled people. As Sawang concluded at the end of our conversation about accessible built environment:

"as long as we can go anywhere we want by ourselves, we don't care how people think about us. Actually, I need to change inaccessible facilities in the first place. If I can travel freely, getting on the Sky Train, doing personal business, we have freedom. Unlike those non-disabled people, they may face problems in their lives; at least they have choices to go anywhere they want independently."

[Wheelchair user, male (31)]

In sum, there is an important consideration which draws on the Marxist disability scholars whose view of the way disabled people have faced social exclusion has a

relationship with the fact they are a minority group with the least production resources. The inaccessible built environment can be seen as a great barrier impeding disabled people from accessing the public resources distribution process. Nonetheless, explaining social exclusion merely through a socio-political economic perspective seems inadequate to the extended social model perspective (discussed in Chapter 2.1.3). In particular, the social constructionist approach posits that disability and the built environment are socially constructed. Hence, it requires understanding about the way society (re)produces notions about disabled people as well as the places for disabled people. The processes of creating accessible built environments have not included disabled people nor acknowledged their requirements in the built environments. Planning, design, and building professionals tend to assume that the users' bodies and needs are indifferent, simply taking them to be a minority group. Furthermore, public policies as well as commercial spaces tend to give priority to the groups who have more opportunity to possess greater resources. Thus, to overcome physical barriers in the built environment, it is important to acknowledge the needs of people with disabilities as well as the role of disabled people as active agents for change. Hence, it is crucial to understand the needs in the built environment through the way people live within the disabling environments, which is now discussed in the next chapter.



Overcoming disabling environment: a collective movement

“Though the name of campaign is ‘Sapan-boon’ [or Merit Bridge] reminds me of karmic belief and charity sense, we got those accessible buses. As long as the places are accessible, the attitude can be simply changed sooner in the future.”

Sawang, disability activist, male (31), 25th August 2007

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7 | Overcoming Disabling Environments: a collective movement

Introduction

This chapter investigates socio-cultural factors in the process where disabled people as a collective movement work to achieve accessible facilities. The chapter is divided into three main sections. It first takes an overview of disability movements concerned with accessibility in transit. Disabled people get together as a group and learn from their peers. Many ideas which underpin the movement have been influenced by the Western disability movement. The second part discusses access movements initiated by and for disabled people. These have used two strategies: demonstrating the power of mass protests against the state authorities; and by claiming the right as citizen to be present in public spaces and facilities. The latter strategy also seeks to attract public attention through the mass media. Thirdly, the chapter explores a social movement initiated by a non-disabled person, in which disabled people were included as stakeholders in a project for accessible facilities: a footpath renovation project in Bangkok city centre. In this way, disabled people merged their access agenda with public interest issues such as attracting support for outcome of the campaign from a prestigious public figure and raising the quality of life for everyone.

The discussion here is in line with the resistance concept where disabled people as a group initiate or take part in a social movement. The resistance concept locates structure and agency analysis within disability studies theory, whereby removing disabling barriers requires actors with knowledge of the needs of impaired bodies. This line of argument is based on an agenda that looks beyond difference and disability experiences: for example, it merges the access agenda with quality of life issues, or

contributes to the prestige of an icon in Thai society. The actions of disabled people in the movement also attempt to educate the public about their rights in society as *'different'* and *'disabled'*. Furthermore, in the resistance approach, disabled people try to overturn undue emphasis on their disability, so that their input regarding disabled people is not perceived as that of passive citizens or dependent recipients.

The chapter concludes with questions about how far and in what ways the access movements which focus on the role of disabled people, legitimacy, issues of human rights and quality of life (as in the West) can succeed. Furthermore, what are the factors which provide an opportunity for disabled people to achieve an accessible built environment in Thailand?

7.1 Access movement in transition

There have been several attempts by disabled people, both individually and collectively, to overcome social and physical impediments. The work of Kabinlikkawanit (1998:79) reveals that the failure to implement established access laws is related to the absence of the voice of disabled people and knowledge about their requirements. In Thailand, a significant collective movement of disabled people emerged in 1983 to form the Council of Disabled People. Its main aim was to encourage disabled people to get together and lobby the authority for material resources (Kijtham, 2005). Since then, there have been mobilisations by this organisation concerning the revision of the laws that discriminate against the disabled population (Petchkong, 2005). These legitimised disabled people to have a citizenship identity card, driving licence, the right to vote, and to be employed in state official positions. Those movements also pressed the government to issue the Rehabilitation for Persons with Disabilities Act (enacted in 1991). In recent years, the Thai and Japanese Governments collaboratively established the joint disability organisation: Asia-Pacific Development Centre on Disability (APCD) in 2002. However, this organisation has played little role in mobilising on physical accessibility issues. Sawang, the former APCD staff, recounted:

"Whenever I asked for a day off for a demonstration, there is often a problem. They [the Head of his department] try to avoid involvement in any protest against the government."
[Wheelchair user, male (31)]

In the last decade, disability movements mobilised by organisations led by disabled people, have mainly sought to influence decision-makers to establish policy and law concerning access to education and employment for disabled people. A highly visible and controversial action was a demonstration in Bangkok where a group of vision-impaired people tied themselves to the railway track for what the leader of the protest defined as *'a fight against the injustice'* (Buntan, 2005) regarding the resources available for disabled people (Figure 7.1). Although these methods can be seen to have failed, since the vision-impaired group were arrested and their requests ignored, such radical activities caught the attention of the mass media. The agenda of the lottery quota (this is a campaign of disabled people protest for fair distribution of lottery quota for people who registered as *'disabled person'*) had been brought to public notice. When disabled people found it a challenge to fight against social and physical barriers, they looked for new strategies. It can be seen that the campaigns which are initiated and mobilised by disabled people tend to be directed against government agencies and processes. Shakespeare (1993:251) suggests that direct action is not only an effective technique, but also *'challenges popular perceptions of disabled people, and empowers and inspires participants'*.



Figure 7.1 A group of blind people blocked the railway line in the demonstration for a lottery quota
Source: www.manager.co.th (Online newspaper, 2nd December 2005)

A decade after the passing into law of the Ministerial Regulation on Accessible Facilities in Public Building for Disabled Persons 1999, (Thailand Government Gazette,

1999), disability agendas such as access to public facilities have been included in disability campaigns by disabled groups. In addition, external elements such as the human rights movement have influenced the emergence of conscious recognition that problems of disability were externally located and rooted in human rights issues (for example in TDDE, 2010; Riewpaiboon, 2008). This is especially so for local disability movements. For instance, in 2004, disabled people's self-help organisations and their allies attempted to lobby the government to implement accessibility measures in the planning and construction process of the new airport project.

Disability issues are still marginal to mainstream Thai politics. Disability movements have struggled with the imposition of disablism, as well as facing oppression and exclusion. In Thailand, the structure of resource distribution depends on the central role of the state. Disabled people seek to produce the new politics of disablement in order to access a share of those benefits (Oliver, 1990). For Imrie (1999:464), the effectiveness of disabled people's politicisation of disability issues is greatly associated with '*structural and agency-specific conditions*'. Furthermore, Imrie (2000a:9) notes that the local policy process is characterised by the specific political and cultural capacities of a variety of key actors, including how they see their political interests. This is a shift from considering disability as an individual problem to one that is created by society. Furthermore, the dynamics and forms of a movement depend largely on the conditions which gave rise to it (Villevall, 2008:251). We have seen in Chapter 5 that the understanding of disabled people and disability in Thai society, in part, still revolves around the idea of an individual physiological and psychological problem. Disability is institutionalised through terminology which categorises disabled people into five different physical and intellectual states⁴⁴ (Thailand Government Gazette, 1994:9). This often divides rather than unites the way disabled people act against oppression. Dividing people into distinct categories, as in the Ministerial Regulation 1994 on the definition of disabled persons (ibid.), has created a long standing reliance on organisations representing single categories of disabled people. Identified in these

⁴⁴ This regulation defining disability into five categories is still the law in the time of writing. However, since the junta government established the Empowerment and Development of Life of Persons with Disabilities Act 2007 the definition of disabled people is to be changed. Source: Thailand Government Gazette in Office of Publication of Government Cabinet and Government Gazette (2007) Empowerment and Development of Life of Persons with Disabilities Act 2007 [Online]. Available at: <http://www.ratchakitcha.soc.go.th/DATA/PDF/2550/A/061/8.PDF> (Accessed: January 2008).

ways, disabled people by law receive support services that correspond to their categorisation within these state definitions. For instance, the registration document for entitlement as a *'disabled person'* identifies types of state subsidised equipment according to types of impairment: the hard of hearing will get hearing-aid devices, mobility impaired people will get a walking aid or wheelchair, and so on.

Therefore, as the connection among disabled people organisations is loose, their interests can be divided, weakening the likelihood of gathering in groups to fight together to overcome oppression. On the other hand, by not having strong or fixed agendas, they increase their chances of merging their movements within other related public issues. Examples are the rights-based approach, mainstreaming accessible facilities for disabled people, or joining social movements with local residents about quality of life or election campaigns. As Topong the former DPI leader suggested *"we should get involved in any kind of social movement, rather than only cry for our own interests."*

The direct impact of dividing welfare distribution, has, in part, led disabled Thais to be clients of state services and to give more focus to the resources provided. However, as the state often claims that there are limits to resource distribution because of restricted finances (Cheausuwantavee, 2008:116-117), disabled people have put their efforts into solving these problems of unequal resource distribution. The group of blind people, for instance, frequently protests against their unfair lottery quota arrangement. There have hardly been any deaf people in demonstrations about the absence of ramps in public buildings. The issues about removing built environmental barriers have been mainly raised by groups of mobility-impaired people. The structure of dividing people up by category of impairment is a significant challenge to how far disabled people are able to get together and fight collectively for fair material distribution and against other forms of social oppression.

In this analysis, Oliver (1990) contends that the division of disabled people, based on the medical approach, sustains the ways the state provides services and support to separate parts of the disabled population and it is *'a deliberate tactic which the state has developed in its dealings with other groups and can summed up as "divide and rule"'* (Oliver and Zarb, 1989:222). Imrie (1999:464) concurs that disabled people tend to be confined in dependent living situations in which their scope for political action is constrained,

while the rules and procedures of the welfare state lock disabled people into paternalistic structures, which mitigate against political dissent. Where disabled people collectively organise to oppose the strictures of the state and society, such groups remain fragmented, poorly funded and generally ineffective.

Disabled people's movements tend to be segregated according to divided resources rather than collective dynamics. As mentioned earlier, vision impaired people, who for historical reasons⁴⁵ have had greater opportunity to access education than other disabled groups, direct their efforts into improvements in the law and access to educational resources. Whereas mobility impaired groups tend to focus on accessing material resources such as wheelchairs and walking aids, and increasingly, on physical access to the built environment. Agendas across campaigns have rarely been coherent. For instance, fragmentation through disability categorisation even affects disability agendas in a small community, as illustrated by Colonel Paradon, one disability leader in a provincial rural area.

"In this community we begin with a survey of how many types of disability we have. If the majority have mobility impairments, and if they need to go out and about, then the public spaces should serve them first. Then we will look at the next priority such as, if the blind want to study, we will proceed with the school."

[Wheelchair user, male (40-45)]

Furthermore, the strength of disability groups is still weak, as Suporntham, the leader of the *Manud-lor*⁴⁶ group, commented:

"It [the agenda for movement] tends to lie in fighting against the things that really matter to the coalitions' lives, like living conditions or day-to-day resources. Accessible facilities seem very distant from their interests."

[Wheelchair user, male (42)]

Villeval (2008:247) suggests that networking facilitates cooperation and collective action: to 'have friends is to have some power' when 'linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition'.

⁴⁵ There has been a long and continuous development for people with vision impairment in Thailand, since 1923, when an American woman with loss of sight, Miss Genevieve Caulfield, founded a school for blind students. Consequently, blind people, among other kinds of impairment, have gained more opportunities to access systematic education.

⁴⁶ *Manud(human)-lor(wheel)* is literally translated as 'wheeling human'. It is the name that wheelchair users gave their group in a movement concerned with removing physical barriers in public transport and buildings.

Although the existing networks of disabled people are weak (as in the above comment of a disability activist), networking is seen as a way to acquire social capital, enabling the existing network of disabled people to push their agenda forward. Emirbayer and Goodwin (1994:1419) analysed the networks and argued that these links, even if weak, are *'indirectly connecting individuals or bridging the "structural holes" between isolated social groups [and] may be crucial for many important social processes'*. Disabled groups, which are segregated by official disability terminology, focus their collective action on the state welfare resources. Quality of life, human rights, or public interest agendas tend to fall in the gaps between those disability-specific organisations. Nevertheless, this kind of issue, going beyond welfare resources into broader areas, have the potential to unite the segregated groups under the banner of common campaign issues.

7.2 Seeking to politicise access issue

As discussed in Chapter 2.3.3, inaccessibility issues are related to power inequality at the political, rather than the personal, level. The disability movement, in part, can be seen as a consequence of the transformation of several social elements such as belief, knowledge, politics, culture and economy. When disabled people acknowledge that 'Disability' is not merely embedded in their impairments, this knowledge effectively leads to an increase in power. A shift from the notion that disability is due to individual difficulty, to awareness of a disabling society, as well as the influence of the international disability movement towards human rights, have played key roles in mobilising changes led by disabled people. In Thailand, there has been a well-recognised campaign involving demonstrations for accessible public transport. The demonstration demanded lifts at all stations of the elevated train project (BTS Sky Train). This has been one significant movement in which disabled people have taken direct action against the state. Even though the goal of such campaigns has not been met (there are only six stations with lifts from a total of 25), it provides many lessons about the process for achieving accessible facilities in Thailand.

7.2.1 Collective movements: the power of group protests

Previous disability movements have focused on rights to the distribution of resources (Peters *et al.*, 2009:547). Likewise, campaigns by disabled people in Thailand have been based on the ineffectiveness of the state in arranging welfare-based resources. The disabled people's movement for accessible facilities in this country dates back nearly two decades. In the majority of cases, disability movements mainly lobby government agencies. The Sky Train project in Bangkok (BTS) was started in 1992, and accessible facilities were absent from all station platforms in the preliminary plan. The loosely networked disabled groups reported this and lobbied the Bangkok Governor to reconsider the concession contract in the same year. However, due to the lack of reaction by state officials, disabled groups organised a demonstration in 1995. Groups of disabled people and their constituent organisations (blind people, wheelchair users, and those with hearing impairments) gathered in front of the House of Parliament. The attention of the mass media was captured when hundreds of people with different disabilities marched along the main road in Bangkok (Figure 7.2). Although this movement achieved a reaction about their demands from state officials, the BTS project continued without any sign of accessible facilities. As Topong, the access activist, recounted: *'they always say "yes" in front of the camera, and then took no action!'*



Figure 7.2 A demonstration of disabled groups for accessible facilities in the railway system

In 1995, hundreds of disabled protesters marched on the main road to the House of Parliament in Bangkok.

Source: Thai Disabled Development Foundation (TDDF) <http://www.tddf.or.th/tddf/topong/readart.php?id=00028>



Figure 7.3 A demonstration for accessible facilities at the elevated train stations (BTS Sky Train)

In 2008, 'The Freed Group for Manud-lor' occupied a train platform to protest against the absence of lifts. The poster reads 'Disabled people are not second class citizens. Please help us to get ramps'.

Source: Attachment in a personal email (24th December 2008)

Disabled groups continuously fought the state authority, until the Bangkok Metropolitan Administration (BMA) eventually installed lifts in five stations in 1999, and promised that the lifts would be provided at all stations soon.⁴⁷ Nevertheless, the continued absence of lifts has forced disabled people and their coalitions to carry out further demonstrations on the Sky Train stations over the last five years. Recently in 2008, a group of disabled people called 'The Freed Group for *Manud-lor* (wheeled-man)' demonstrated on the Sky Train Stations (Figure 7.3) and later filed a case to the Administrative Court. This movement also deployed legal means, using the Ministerial Regulation on Access to Buildings for People with Disabilities and the Elderly 1999 (Thailand Government Gazette, 1999). However, the Administrative Court dismissed this case. The judgment of the Court gave the following reason:

[t]he contract of the BTS project was agreed on 4th April 1996 prior to the enactment of the Ministerial Regulation Volume 4, (enacted on 3rd December 1999). As the construction progressed, the defendant provided lifts for five stations, even though there was no obligation stated in the concession contract. [TDDF website, published on 16th January 2009]

It seems that there is little chance for disabled people to succeed in their lobbying of the BTS using the law. However, for some disabled activists, 'it's better to consider the spirit

⁴⁷ **Source:** reported in the 'Story of movement toward lifts in BTS project' in the website of the Thai Disabled Development Foundation News, 18th September 2009. Online available: <http://www.tddf.or.th/tddf/topong/readart.php?id=00403>.

of the law rather than the letter'. These comments suggest that failure to provide accessible facilities for disabled people is a violation of the will of the Rehabilitation Act 1991, Section 17(1) (Thailand Government Gazette, 2006:6) which stated that '*[T]he buildings, places, public transport and service must provide accessible facilities directly useable by disabled persons*'. In late 2009, the disabled people's organisation continued to pursue this case in the Court of Appeal.

As stated earlier, disability movements tend to base access issues on the legal and human rights approach, in which the concept of the Social Model plays an important role in the strategy of action. This can be seen as a new approach derived from the international disability movement and organisations (e.g. the Disabled People International-DPI). The movements focus on changing the social and physical barriers surrounding impaired bodies, including inaccessible public transport. The built environment has been seen as the key focus for struggle for disabled people in recent disability campaigns in Thailand. As Paradon the disability leader stated '*disabled people should look beyond welfare distributions*'. In one sense, movements for accessible facilities have themselves been stymied by inaccessible facilities, as Suporntham pointed out:

"[for disabled people who did not join in the protests] Physical barriers in the public spaces tie them to their homes, so that it is difficult for them to fight for public agendas. They seek to overcome problems about livelihood and day-to-day survival in their homes."

[Wheelchair user, disabled activist, male (42)]

Inaccessible built environments still impede disabled people's ability to live an equal life in society. Additionally, it is important to note that, in the majority of cases, the success of movements has been challenged by the energy and time required to take them forward, including building knowledge about legal and political tactics. Targeting campaigns at the government level can be seen as raising the importance of access movement agendas. However, for some disability leaders, lobbying the state authority about weak administration, such as ineffective accountability and monitoring systems, will not necessarily achieve success. Suporntham, one of the access group leaders added:

"The DPI set their targets too high. They sued the PM [in the case of access facilities in the new airport]. Although it caught mass media attention, the request struggled with the complicated bureaucratic system. This might not work."

Furthermore, the impact of the 'health' issue on the access movement should be taken into account. In the last ten years, at least two disability activists I have known have passed away and some have struggled with deteriorating health. The recent disability movements based on the barriers of social environment tend to pay little attention to accessing health care and resources as part of removing disabling conditions. The former leader of the DPI, Topong, 47 years old, paralysed below his shoulder, has been the most influential disability activist in terms of hard work and high commitment. In part, motivation for the current disability movement was inspired by Topong, who once stated in an email:

"Remember, there's nothing gained easily without fighting. The coming disabled generation, don't waste your time by fooling around, if not, we can only get those awful wheelchairs from Tiwanon [name of the area where the Ministry of Public Health is located]."
[Email, 6th January 2007]

His fight against the state authorities through demonstrations, hunger strikes, and protests over long periods led to illness and cost him his life. The loss of Topong during his fieldwork in Bangladesh leads us to question the conceptual social model for disability development in Thailand. Conditions supporting healthy bodies can be seen as vital for the disability movement to achieve accessible built environments. To what extent can a movement based on the goal of removing the disabling environment surrounding impaired bodies be appropriated within this given social and physical milieu?

We have seen the role of strong leadership qualities in influencing big changes, particularly at the macro scale (e.g. lobbying government agencies to implement access improvements). The leader of the DPI, for instance, had a strong commitment to work to overcome physical barriers. One advantage was that the leader was able to engage in access issues with authorities and service providers. As Imrie (1996:171) notes, direct involvement in the committee structures of local government enables *'the interacting groups to become more conscious of their own actions and positions within the world'*.

However, in the case of the DPI, because they over-concentrated on the role of their leader, after his loss, uncertainty was generated and a potential lack of continuity in disability and access development. The loss of Topong thus significantly damaged the strength of mobilisation of disabled people. There is a need to consider how disability leaders emerge. As Monthian, the blind leader commented:

"The blind organisation encourages building our own leadership rather than waiting for someone from outside the group. I don't believe in natural leadership, but I strongly believe in the nurtured kind. We need to be prepared. Topong is a tragic hero. He left when he was not ready. Masses of his knowledge and experience have not yet been passed on."

[Blind activist, male (45-50)]

Nevertheless, a significant access movement involving disabled people continues to exist.

7.2.2 Claiming our rights to be there: the power of public attention

The issues in disability movements concerned with values, lifestyle and self-actualisation, can be seen as key elements for the new social movement (Peters *et al.*, 2009:547). Peters *et al.* (2009:546) also argue that identity within disability movements cannot be reduced to a single expression but needs to be seen as multi-faceted. The disabled generation's access movement used identity within their agenda. Being disabled by the lack of accessible facilities was upheld to wider society as a source of injustice. Gabel and Peters (2004:593) see this as a tactic that aims to reverse stereotypes held by dominant groups (with ableist values) in society, and to 'encourage solidarity among those with a group affiliation' so that a sense of political agency can be developed. Recently, the movement for accessible facilities has made progress in the field of public transport, although there have been struggles related to process and outcomes. Active disabled people, such as 'For Friend 2000' and the new generation of DPI members, continue the campaign for accessible facilities in the Sky Train Project. This access movement, which has been taken up by the younger disabled generation, can be seen as a new form of disability movement which contains a heterogeneity of alliances. Their collective action includes coalitions with different identities, with and without impairment.

In October 2009 a group of 27 people, consisting of mobility-impaired people and non-disabled volunteers (including those from an international disability organisation), travelled to the Appeal Court using the public bus and pedestrian system (Figure 7.4). They organised a demonstration using emails, mobile phones, and an SMS (Short Message Service). Interestingly, the strategy seemed targeted not only at institutional agencies such as the state authority (BMA); it was also a strategy for alliance building. Volunteers were recruited from the university to assist wheelchair users during the march. One active member commented on their purpose as being *'to raise awareness of disability and its problems among the students'*. Furthermore, by using public transport they effectively communicated their access requirements to society. For Peters *et al.* (2009:546), *'educating the public'* in the perspective of a *'culture of resistance'* is one important conceptual tool for the *'success'* of a new disabled people's movement. Peters *et al.* (ibid.) note that the resistance concept for the disability movement unifies disabled people to acquire power to challenge the dominant disability discourse. They also add that to achieve the movement's goal through a resistance strategy, they *'must concern themselves with issues of duration, size, tactics, targets, locations, coalitions and organisational involvement'* (ibid.:547).



Figure 7.4 A group of wheelchair users using public transport to travel to where they would file a court case

They were getting on and off the bus when travelling to the Court of Appeal to file a case about accessible facilities in the BTS Sky Train project

Source: Email, a report of *'mission to catch the bus: fun or tears'*, 21st October 2009

Furthermore, after the rally arrived at the Appeal Court, the group of active members took part in a TV programme to broadcast their aims. This was a way to harness the media by presenting an image as an active disabled group sitting and talking in the

studio. They were not shouting in the street. Some disabled people who took cultural issues for granted believed that *“disabled people shouldn’t act too aggressively in front of the public. If they present a sense of being over-demanding, we might get nothing”*. It is also worth noting that the mission to catch the bus, called *‘Fun or Tears’*, referred to the activity rather than the target, which was to file a court case. In other words, this movement sought to inform the public that the struggles were with public transport rather than directly against the state authority. The strategy to use public transport during the demonstration can be seen as constituting resistance against the dominant societal attitude toward disabled people, which sees them as passive individuals with special needs. As Peters *et al.* (2009:549) note, it positions disabled people in the wider context of citizenship as consumers who exercise their *‘power with rights and responsibilities’*.

However, the majority of significant changes have been carried out by the government and the private sector, rather than by disabled groups. For instance, there was a campaign to improve footpaths on 11 roads in Bangkok, and provide accessible facilities in shopping centres and new petrol stations. At the time of writing (2008-2010), the achievement of accessible facilities for disabled people is still based on charitable concerns. Recently, groups of mobility-impaired people participated in the current Bangkok Governor’s campaign for accessible public transport and buildings, called *‘Boon Bridge Tour’*⁴⁸ (in Thai *‘tour sa-pan boon’* means the journey that bridges virtue/benevolence for disabled people). This campaign aimed to provide buses with accessible features, for example, low floor entry, but only for five percent of the fleet of 4,000 buses.

In spite of several structural factors which hinder the effective political participation of disabled people, the role of disabled people as agents of change is crucial. The focal point of this discussion lies in the ways in which disabled people are collectively able to manage their strategies to achieve accessible built environments. Lang (2000) believes that the medical and the social models are together insufficient for

⁴⁸ Source: an news announcement on the website of the Thai Disabled Development Foundation, 7th February 2010, online available at: <http://www.tddf.or.th/tddf/topong/readart.php?id=00491>

understanding disability in the current societal context. Disabled individuals are *'becoming full and active citizens in the contemporary societies in which they live'* (ibid.:1).

7.3 Footpath renovation project in Bangkok: a case study

The following sections focus on the way disabled people collectively seek to take part in campaigns and to overturn social obstacles to their access goals. The discussions here draw on information from observation as a participant in the movement to improve a footpath in Bangkok city centre. This project, initiated by a non-disabled person, set out to create an accessible footpath for disabled pedestrians. The local disability organisation played a key role in this project. It was the Disabled People's International-Asian and Pacific (DPI-AP) group, which is an international collaboration. The DPI states their goal as *'a voice of our own'* (DPI, 2007) by means of a collective movement to make their voices strong and loud enough to be heard. Disabled people sought to present their role within the project as a single partnership. Two other messages were also conveyed: quality of life and virtue for the King. This campaign met its goal within five months (July to November 2007), without using the state's budget. This case study explores the socio-cultural and socio-political factors in the movement and its process, rather than the outcome of the project: how far and in what way did the collective actions of disabled people grasp this opportunity and achieve their access agenda?

7.3.1 Rajdamri: Bangkok's business centre

Rajdamri Road is located in the Pathumwan District which is one of 50 districts of Bangkok. The 11th November 2007 was the first day of a project which claimed to improve a footpath in the Rajdamri area. The project initiator was a resident of a condominium on this road. The footpath renovation project titled *'Thanon kon sampan'*⁴⁹ took place along 1.6 kilometres of the Rajdamri Road, in the Bangkok Central Business District (CBD) (shown in Figure 7.5). The majority of land in this area is owned by the Crown Property Bureau (CPB) (Ouyyanont, 2008:184). In 2009, Pathumwan District had a population of nearly 60,000 of which 43 percent were eligible to vote in political

⁴⁹ Thanon(road) Kon(people) Sampan(relation) means the relationship between the road and the people.

elections. It is claimed on the website of the district office that this area *'is an important district which can identify the pulse of the capital city'* (Pathumwan District Office, 2009).

Pathumwan has been represented as a key district in the Bangkok economy. It contains a number of transnational corporations and the American Embassy, and also located here are many international and local investments, including those of the Royal Family.

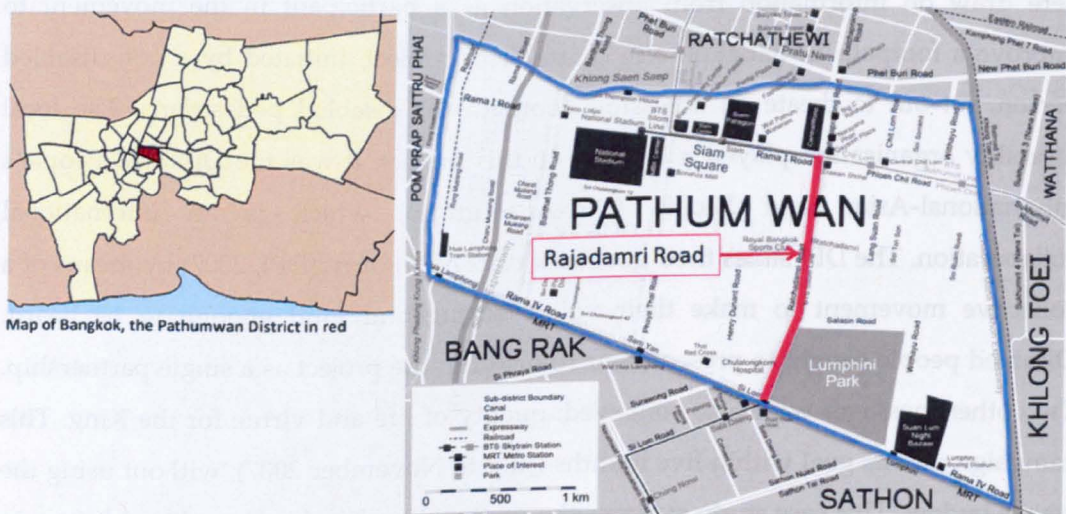


Figure 7.5 The location of Rajdamri Road in Bangkok

(Left) The location (red block) of Pathumwan District in Bangkok; (right) the location of Rajdamri Road (red line), where the project took place

Source: Website of Pathumwan District Office (2009)

There are many activities in this area. There are six shopping malls, 20 tourist attractions such as entertainment centres and museums, 19 hotels (six with five stars), eight places for religious activity such as temples and religious statues, four health centres (hospitals and clinics), four recreation and sport centres (such as a public park and the National Stadium), and three educational institutions. One of the most important sites is Princess Sirinethorn's palace. In short, this area is an important place in both economic and cultural life. Whatever happens in this area can effectively attract the attention of both local public and visitors. This area has a number of tourist investments. Therefore, its affairs are well-known.

The Rajdamri Road is one of the eleven roads targeted in the BMA plans for improvement with accessible facilities for disabled people, starting in 1999 (Tongsiri

and Taweesangsuksakul, 1999). The plan was to host disabled athletes taking part in the FESPIC Games. However, the preliminary survey in Figure 7.6 found that the majority of problems creating physical barriers for disabled users were caused by a lack of maintenance and misuse of the footpath by motorcyclists taking shortcuts, street vendors' stalls and the like. As this road is often full of busy traffic, motorcyclists frequently ride over the footpath to avoid the congestion and cause damage to the pavement and obstacles for pedestrians, in particular those with mobility and vision impairment.



Figure 7.6 Conditions of the footpath on Rajdamri Road
(Left) cracked surface due to unfinished work left by electricity installations and (right) deteriorated condition of textured surfacing tiles on the pavement

The Governor⁵⁰ is the chief executive of the Bangkok Metropolitan Administration (BMA), elected for a renewable term of four years. The office is comparable to that of a city mayor. The structure of the BMA administration is provided in Figure 7.7. The state officials and department associated with this project are highlighted in the red squares. This project involved the Governor as an important figure in the Memorandum of Understanding (MoU) meeting. The City Law Enforcement Department is responsible for the work of *Tedskij*, which monitors the street vendors and cleanliness of the footpath. The Public Work Unit was responsible for construction and repair jobs, and the Head of District was in personal contact with the project initiator.

⁵⁰ The current Governor is not the one who was responsible at the time of the fieldwork. This former incumbent resigned after being indicted for corruption in 2009.

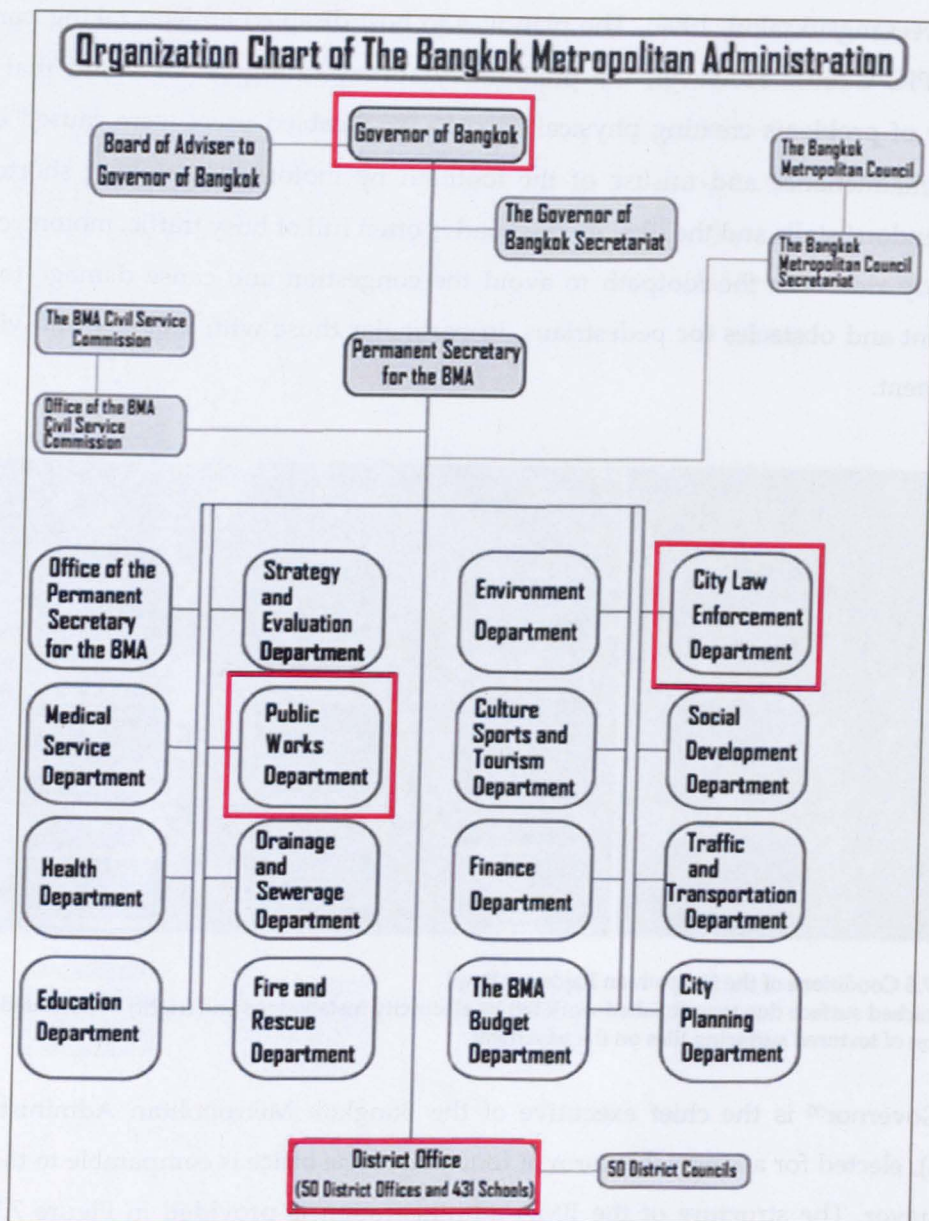


Figure 7.7 The structure of Bangkok Metropolitan Administration's office.

The actors involved in this campaign are highlighted in the red boxes.

Source: Bangkok Metropolitan Administration (online available) <http://www.bangkok.go.th>

7.3.2 The procedure

This campaign accomplished its goal in about five months. A chronology of the process and strategies used in this project is provided in Table 7.1 (next page).

Table 7.1 Chronology of procedures in the Footpath Renovation Project, categorised by strategies

Strategy / Time	July	August	September	October	November
Coalition building	<p>5-7th Initiate idea of project <i>Initiator, Head of District, THPF DPI & me</i></p> <p>16th Add agenda: contribution merit to the King's anniversary <i>Initiator, DPI</i></p>	<p>3rd Publish the project <i>Local English language newspaper</i></p> <p>7th Press conference for MoU <i>BKK Governor, BMA officials, DPI, THPF, property owners, celebrities, and TV media</i></p>			<p>11th Open Day for the 'Thanon Kon Sam-pan' <i>BMA, Pathumwan District, THPF, DPI, public</i> Activities: Opening ceremony, sell booth, music, sport competition</p>
Pushing the movement forward	<p>17th Obstacle survey</p> <p>20th Stakeholders meeting <i>Initiator, Public Work officials, wheelchair users, blind person, architect, contractor, THPF & me</i></p>	<p>7th Sign the MoU agreement <i>BKK Governor, BMA officials, DPI, THPF, and property owners</i></p> <p>28th Meeting <i>Pathumwan District and property owners</i></p>	<p>9th Publishing essays <i>Sister of a MP with disability, initiator, disabled people and me</i></p>	<p>1st Celebrities auction <i>Family members of the Politicians, property owners, and celebrities</i></p>	
Creating accessible facilities	<p>20th Design guidance according to the Access Law <i>DPI, Me with the BMA Public Work Unit officials</i></p>	<p>Construction process: started from 21st <i>Electric work, water work, telecommunication work departments</i></p> <p>27th Follow up the progress <i>TV News Channel</i></p>	<p>3rd Meeting : follow-up the construction works and decide deadline to remove obstacles <i>BMA, Pathumwan District, and Utility providers</i></p> <p>25th Money contribution <i>The Princess Sirinthorn</i></p>	<p>7th Deadline of renovation works <i>Initiator, Pathumwan District</i></p>	

In early July 2007, Santi,⁵¹ the initiator, made a proposal to improve the footpath to his existing network⁵² in the area where he lives. Then he contacted the Head of Pathumwan District⁵³. Once the idea was disseminated, Santi contacted the state-owned enterprise which works on public health campaigns, the Thai Health Promotion Foundation (THPF), in quest of further cooperation. At this stage, the disabled people's organisation (Disabled People International-DPI) was introduced as a project stakeholder. After the initial idea was developed, the initiator made a request to the Pathumwan District Office for their cooperation in undertaking an obstacle survey on the footpath along Rajdamri Road. I was included at this stage as part of the design team and as an observer to examine physical barriers. This activity aimed to find out the physical problems on the pavement on both sides of the road. In the survey (Figure 7.8), there were two representatives from the district office, the Public Work Unit, one architect and one representative from a construction firm. The Bill of Access to Standard Facilities for Disabled Persons 2001 was used as a survey guideline.



Figure 7.8 The obstacle survey at the initial stage of the footpath renovation project

(Left) with representatives from disabled people's self-help organisations, an architecture design company, a Construction Corporation, Bangkok Public Work Units, and the project initiator; (right) graphic on an obstacle spot which was prepared by the author for the meeting with the project stakeholders. The green area highlights the absence of a dropped kerb at the taxi stand.

⁵¹ Santi (41 years old) is currently unemployed as he left his full-time job as an Administrative Engineer. He graduated in the United States. He noted that bargaining and negotiating tactics acquired through his former career helped him to deal with stakeholders in 'a win-win situation' [interview, August 2007].

⁵² Santi and his wife, Oraya, have taken part in the non-governmental movement which mainly focused on quality of life in the urban area. The network recently mobilised around sound pollution in the city, as 'the Quiet Bangkok Club'. This network involves people from various career paths, in particular those who are well educated and have a degree of economic capacity e.g. environmental scholars, architects, aestheticians, engineers, medical scientists, representatives from private organizations, and students. **Source:** <http://www.quietbangkok.org>

⁵³ The initiator also has a personal relationship of some standing with the Head of the Pathumwan District. He and his network used to request cooperation from the Head of District. A previous movement concerning noise from the construction sites around his residence began his connection with this state officer.

The findings from that survey and guidelines for renovation work were later presented in a meeting with Public Work Officials and THPF representatives (examples in Figure 7.9).



Figure 7.9 Design recommendations are produced after the preliminary survey

Comments and design recommendations were presented to the BMA's Public Work officials and Pathumwan District. A comment (left) about the overpass staircase which can be dangerous to blind pedestrians; (right) a comment on the concrete island in the middle of a crossway that obstructed wheelchair users and a design recommendation.

A week later, the initiator circulated an initial email to all stakeholders (Public Works officials, disabled representatives, THPF representatives and myself). Within this email Santi also announced that this project aimed to contribute to a celebration of the King's 80th birthday. In late July, the meeting was arranged with the key stakeholders at the Pathumwan District Office. In this meeting, the Head of District arranged for participants to sign a Memorandum of Understanding (MoU). The vital point of this agreement was to define a deadline for this project and invite all stakeholders to sign this agreement.

The initial notion of the project initiator was not to use state money for all the construction work. In his email, Santi requested that all stakeholders should contribute their own money. Santi's wife approached the Princess via the social network of her family friend. As this area is in the vicinity of her palace, the private secretariat informed Santi that the Princess wanted to contribute a certain amount of money (10,000 Baht⁵⁴). This amount, then, was taken as the minimum rate in requesting

⁵⁴ 10,000 Baht is approximately £200. A survey by the National Statistics Office in 2009 revealed that the average monthly income per household (in the first six months of 2009) was 21,135 Baht (~£423). Source: <http://web.nso.go.th/>

contributions from other stakeholders. The money was collected from property owners, disabled people's organisations and some of the residents on Rajdamri Road.

At the beginning of August, the initiator contacted the local English language newspaper, the 'Bangkok Post', to cover this campaign. Two days later a newspaper article featured the aims of this project as looking at quality of urban life for disabled people (Figure 7.10).



Figure 7.10 One newspaper's coverage of the project

The intention of the footpath renovation project on Rajdamri Road was covered in the local English Newspaper, the Bangkok Post

Source: Bangkok Post daily newspaper, 3rd August 2007

The initiator also organised a press conference around the signing of an MoU with the BMA's officials and property owners. The disabled people's organisation invited a wheelchair-using news reporter (Krisana) to participate in the MoU meeting. His participation caught the attention of the mass media and the public (Figure 7.11). The participants in the meeting consisted of a number of media representatives, three journalists from local English language newspapers, representatives of Public Work Units, the representatives from the THPF and disabled people's organisations, and property owners. For the MoU, eight out of 14 property owners signed the agreement. Interestingly, a group email reported that none of the Public Works Unit representatives (e.g. Electricity, Water, and Telecommunications) signed this

agreement. The property owners who did not sign comprised two hospitals, the Thai Red Cross Society, the Royal Bangkok Sport Club, and the American Embassy. In an email, the initiator proposed a monitoring system. The idea of this system was to maintain the conditions of the footpath after the renovation work was accomplished. From late August, after the MoU was signed, Santi continuously reported the progress of renovation work via group emails.

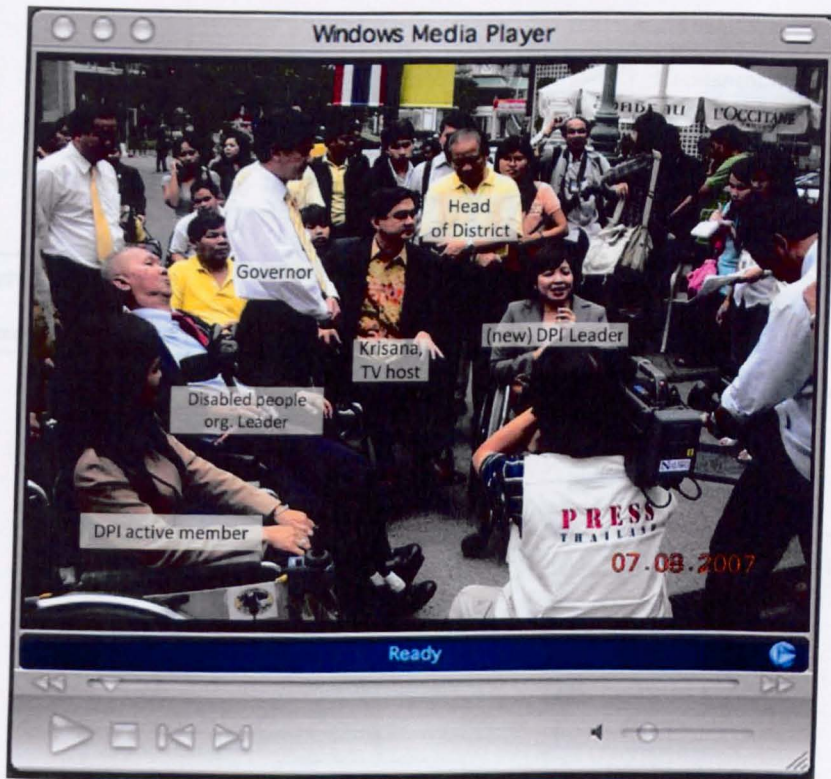


Figure 7.11 The press conference to sign the MoU

The event took place when Krisana, a TV host with mobility impairment, participated in the meeting. This caught the attention of the media and public

From the beginning of September to the end of October, the construction and renovation work progressed. During the construction process, Santi contacted his network to organise fundraising. This involved an auction of personal belongings organised by elites such as families of politicians and business people. In the same month, on 7th October, all the renovation works were finished. A month later, the project celebrated its opening ceremony on 11th November at the public park on Rajdamri Road. The BMA, THPF and the disabled people's network arranged activities including stalls, music and a sports competition. This event again caught the attention

of the press and television. The Minister of Public Health was invited to preside over the opening ceremony. One of most reported activities in the newspapers was when the Minister blindfolded his eyes to simulate being visually impaired and walked along the improved footpath.

A brief overview of the actors involved, their networks, and their connections is presented in Figure 7.12.

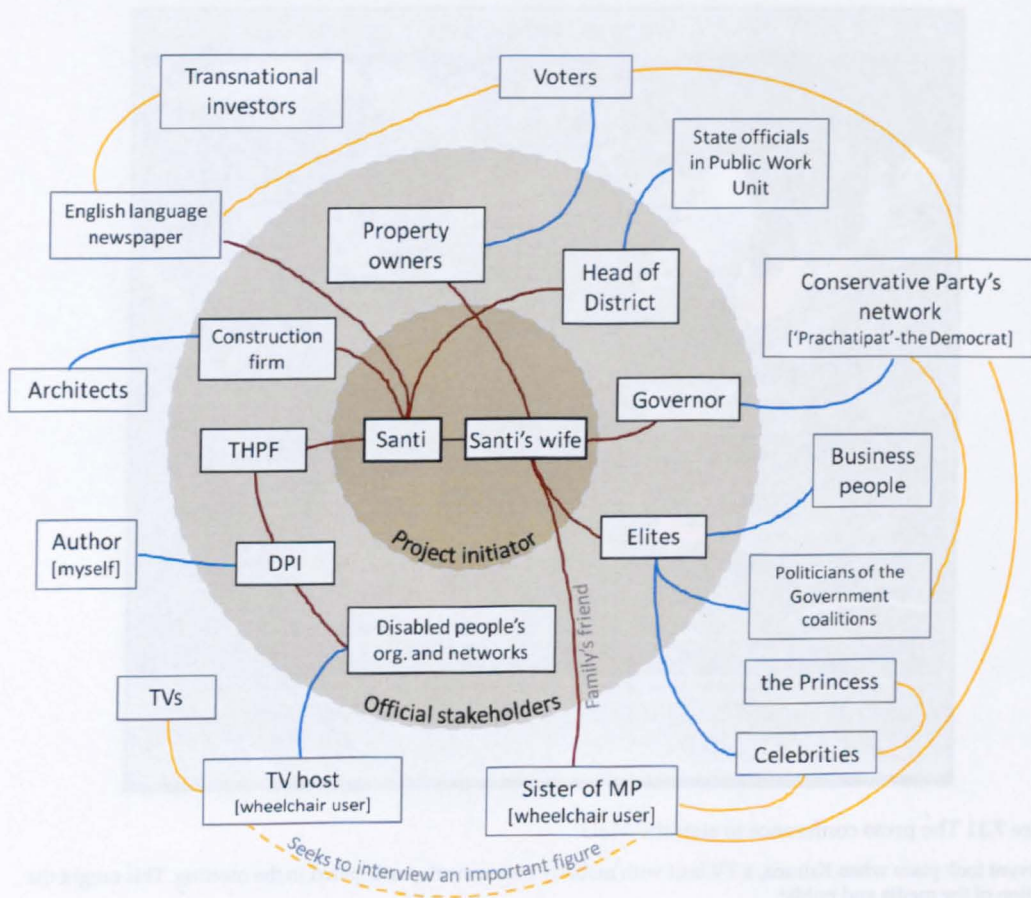


Figure 7.12 Networks and connections of key actors in the project

7.3.3 Roles of the researcher in this project

I had two roles in engaging with the project. One was as an observer and another as part of the design team. Both roles affected the information gained and the process of this project. During the fieldwork and interviews with research participants in early July 2007, I was introduced to Santi by the leader of the DPI (Disabled People International). This project initiator required more advocates who had knowledge of

designing accessible facilities for disabled people. I then took part in a design team with the architects from the Public Works Department and a commercial design company. After the obstacle survey, we set out design guidelines which were used in the meeting with the infrastructure departments of the BMA office.

One of my roles that affected the procedure was to visualise the ideas of disabled stakeholders and communicate these to other stakeholders. Identifying major obstacles by presenting them in pictures reduced the complex processes of work of the BMA Public Works Unit, in that the survey was done and the obstacles identified were matched with possible design solutions. In addition, those design guidelines were adopted from the Accessible Facilities for Disabled People Ministerial Regulation 2005. Referring to existing law provided the opportunity for the Public Works officials to listen and take the proposal for improvement into consideration.

Both roles were interrelated in the way the information was balanced. Some people who knew that I was a part of the team passed on their comments about the sustainability of the project. In addition, taking part as an advocate within the project facilitated my access to the state authority. It helped in arranging interviews with the local state officers. However, my taking part in the team also contributed certain disadvantages, such as deterring diverse opinions about this project. People, (*both non-and disabled respondents*) had a tendency not to mention negative or contrary views, and their comments tended to revolve around positive reflections such as *'it was such a good project'* or neutral such as *'doing good things for disabled people is great'* or *'I hope this will be a good model to implement on other roads'*.

7.4 Strategy, agenda building and challenges

This conceptual framework for analysis is in line with Peters *et al.* (2009), who stress the importance of understanding local political circumstances. In addition, the possibility of achieving accessible space is likely to be conditioned by the reactions of the local state administration which Imrie (2000b:217) notes can be *'reluctant or enthusiastic'*; local actors and agencies who influence the design process; and knowledge of disabled people's spatial requirements. He also suggests a key element is

the '*public mind*' of the non-government sectors – something that is akin to the more widespread idea of 'public mindedness'. At each stage of this footpath renovation project, its agendas were built in distinct stages. It started by proposing the project on behalf of the general public, making a contribution to the lives of a disadvantaged group of people and generating virtue for the prestige figure, the King. The objectives of those agendas were different. They aimed to build and expand coalitions, taking the movement forwards to force the creation of the accessible footpath. For Cobb *et al.* (1976) there are two main issues for agenda building, a high level of public interest and a formal approach that the local authorities take seriously. This project was claimed by the initiator as aiming to build a sense of '*public mind*'.

7.4.1 Building a coalition: include more participants

At the initial stage, a key agenda of the project was to build a link with a public-interest issue. According to the initiator, the agenda was constructed so as to include more participants such as general pedestrians, cyclists, property owners and disabled people. Furthermore, this project included partners with an authorised role in decision-making such as local state officials, for example, the Bangkok Governor, the Head of District and Public Works Department officers. The Thai Health Promotion Foundation was also included because this government-funded organisation has a connection with disabled people's organisations. By including a wider sector of population, it created a common interest among stakeholders. This project aimed to create a good urban place that works for everyone, especially disabled people.

Using email is free and enables a wide expansion of the network. In order to connect and link all the stakeholders together, Santi used an email list as a tool to circulate information about each stage of the process to the group. The names of all the stakeholders also appeared on the email addresses. The pictures of obstacles on the footpath which were created by the survey were circulated to all participants including the Governor, the Public Works Officials and the property owners. Furthermore, Santi published the report from the preliminary obstacle survey in a local English language newspaper, the Bangkok Post. The role of this newspaper effectively included the property owners, the majority of whom are transnational investors. At this stage, the use of digital forms of information technology such as email lists and an online

newspaper strengthened this project to include more in the coalition. According to Castells (2007), the Internet can be understood as a new form of socialised communication in the way that it is self-directed in emission and self-selected in reception by many communicating with many. This tool also connects all the participants together in a shared movement, as well as linking the social actors with society at large.

7.4.2 Pushing the movement forward

This project was not in the year plan of the Public Works Department of the BMA. In this respect, the cultural element which is linked to a high level of public interest is significant. When the survey of obstacles was published in the Bangkok English language newspaper, the project leader sought to formalise this project. Santi contacted the Head of Pathumwan District. The agenda was then developed with the aim of contributing virtue for the King's 80th birthday. Due to this approach, the state officials found it difficult to avoid giving their cooperation to this project.

Furthermore, the initiator added a moral issue to strengthen the collaboration with government officials. Santi stated in his email that this project will create friendly footpaths for disabled and older pedestrians. In addition, the benefit achieved from this success will generate virtue for the King. In this regard, both virtue for the King as the Head of State and the moral contribution for lower status groups indirectly forced the bureaucrats to become involved within the 'special' project. As Sirichai replied when he was asked about the relationship between the Royal Family and works of the state officials:

"The special project needed a critical force. Once Pra-thep [the Princess] visited a school near her palace, she said education should be for all. Our design team believed that Pra-thep initiated this, and then we must complete it. That school is now fully equipped with lifts and ramps."

[Architect in the Public Work Unit, male (30)]

However, the moral issue seemed to have less impact when lobbying people whose work is based on only a proportion of the population. This seems related to a view of

disabled people as a minority group and fails to see access issues from the perspective of citizenship rights. Disabled users have been perceived as a small and insignificant group.

"What kind of investment do you think will satisfy the public most, between decorating the footpath with those green hanging gardens and those dry-looking concrete ramps? You can walk, you don't need the ramp and you might think it isn't worth paying your taxes, don't you think?"

[State Official in Pathumwan District Office, male (33)]

In taking the project forward, the use of electronic communication technology is important. This tool can be used as an informal contract in which the stakeholders can trace what has been promised. Although telephone calls may be faster, Santi required supportive evidence to strengthen the movement. *"I'm using a group email list. These are free of charge and unerasable"*, said the initiator. Furthermore, communication technologies such as email, mobile phones or the Short Message Service (SMS) support the inclusion of disabled people who have been struggling to build a collective movement because of inaccessible facilities. As Gogging and Newell (2005:275) point out, telecommunication is not merely a technology. It is rather *'a system of power'* that helps to bridge the gap for disabled people who have been seen as non-active citizens. Likewise Castells (2007:245) highlights that *'going online can give people more political power'*. Additionally, it bonds the loose network together.

The project initiator also addressed his initial intentions for the funding in this project by not using public money. In one sense, not drawing on the state purse was aimed at building a sense that the footpath belonged to all the property owners. The initiator's aim was that if the property owners contributed their funds to the construction work, they would maintain a good quality of footpath after this project finished. If they used state money, the process would take longer due to red tape. In addition, there has been a lack of trust with the formal structural system. Poom, the wife of the initiator, commented on the political culture of the Thai government:

"The bureaucratic system seemed to be set for chasing the wrongdoings of officials. As a result, that lot avoid doing

things which differ from their routine job. They don't want to step on any trouble."

[Lecturer at a state university, (41)]

By making this campaign aimed at creating virtue for the Head of State, the bureaucratic stakeholders were obliged to support the project. Notwithstanding this, there remained an issue about how to implement the law, raised by the government sector. While the regulation was written by the state, it has rather lacked commitment to practice according to the law. As Ngampan commented on the role of the government agencies in this campaign:

"We've struggled with the role of the government bodies. The private sector, it did easily cooperate. While those government buildings on the other side of the road, like the Red Cross and Police Hospital, denied improvements for the footpath in front of their property."

[Wheelchair user, sister of a Member of Parliament, female (45)]

7.4.3 Creating the accessible built environment

When agreement was reached among the majority of stakeholders, the access law was used as a tool to ensure that the construction works would be progressed by the state officials, as were the design guidelines I provided. The design guidelines for construction work were in accordance with the Access Laws 1999, 2001 and 2005. A meeting consisting of the Head of Pathumwan District, Santi the initiator, Public Works officials, disabled representatives, and myself, sought to facilitate the public works officers' improvements. By legalising the spatial requirements of disabled users, it facilitated negotiation with the authorised actors around complying with and carrying out tasks as part of their duty, that is, to ensure that legislation will be implemented according to the regulations. In this sense, legislation is a crucial tool for people with little political power, as Saowaluk, the current DPI Leader commented: 'We need the law as a tool to open a platform for us. When we know talking doesn't work, we subsequently then use the law'. The Disability Law Committee concurred with this in essence, saying that: 'The civil sector needs the law to negotiate with the power of the bureaucrats. They will take notice of our issues if we claim they are recommended by law'.

After the agreement about stakeholders' responsibilities was made, the following strategy was carried out to enforce the construction process. According to Santi's email about engaging the commitment of those participants, the most challenging obstacle is:

"[...] to convince the diggers [Public Works Unit] to finish removing a few things within two months. We need social pressure, which is the role of media coverage."

[Email, 26th July 2007]

Santi invited the Governor and all the stakeholders to attend the MoU meeting. There were several television channels and newspapers in the press conference. Indeed, the role of the media is significant in forcing the creation of accessible facilities as Danu recounted:

"If Channel Nine didn't come, those Post Boxes wouldn't be removed. When they [the Post Office people] knew the TV will broadcast this project, the next morning they finish the work."

[State Official in Pathumwan District Office, male (33)]

Furthermore, it is important to consider employing the mainstream media in supporting the cause. For instance, this project took place in the business centre, where the English language newspaper played a crucial role in lobbying the local politician. Adjana reflected on this tactic:

"Santi knows the target of our newspaper is the foreign investors and voters of the Governor's Party. The uniqueness of this campaign is that it is the first time that public facilities will be improved by non-government sectors and not using the state's money. [...] We put the name of the Governor and other state agencies who signed the agreement in our article."

[The Bangkok Post Journalist, female (30)]

In sum, the uniqueness of the process of this campaign was that it transformed interest at an individual level—either it was an issue of inaccessibility for a disabled group or the initiator's aim of building public awareness—to become the public interest. The significant strategy was to associate the issue with wider agenda-building, such as

including moral issues regarding inferior people or a prestige figure. Such an approach stimulated collaboration from state agencies which might otherwise be reluctant to comply with the special project. In addition, another significant tool was the Internet such as a group email list and Wireless Communication Technology, for example, mobile phones. This tool provided the opportunity for participants with impairment to communicate equally with their non-disabled stakeholders. Using electronic communication technology also facilitated the creation of a network and helped to record important information during the lobbying process. In this regard, it reduced dependency on the mainstream media such as newspapers and television.

7.5 Positions of disabled people in the project

Frequently disabled people are viewed as a disadvantaged group. The access issue in this project was regarded as a moral matter that can attract attention from the wider public. The position of disabled participants as the passive recipients of the moral contribution of this project tends to create and strengthen the value of this campaign. Santi recounted:

"Initially, I aimed to make a liveable city, where I can walk at ease on the footpath, [...] then the idea developed about how to include more coalitions. If I say improvements only for my house, no one will join me. Even if it is for the tourists it might seem too much of a luxury. But if I say it is so the blind can walk, this might catch more public attention."

During the process of project development, disabled people were relatively neglected, particularly at the stage of decision making. Although disabled people seemed involved at the beginning of the process, at some points, they felt that they were left behind. As Saowaluk commented:

"When the media took part they started forgetting us. This project is now widely published. Many others joined in. I just called him [initiator] to insert our group's name in the MoU. We don't want to be seen as a passive recipient."

[The DPI active member, wheelchair user]

Furthermore, disabled people were excluded from the decision-making process. Legitimising the cause of a small group to attract more public interest thus requires more coalitions. Santi contended:

"The government listens to the majority's voices. If the disabled know they are few, they need to build their legitimacy [legitimacy] and build more coalitions. No use waiting and relying on the law being implemented. It needs to look at what are the society's and the government's interest."

Imrie (1999) believes that it is important to acknowledge the possibility of public interest, for example the quality of life or human rights. Likewise, there is a requirement for disabled people and their organisations to take an active role in lobbying the authorities, as Danu depicted:

"when the TOT [Telecommunications Department] and the Water Works claimed that those facilities were difficult to make accessible, I told them that disabled people have to come against this. Finally they are obliged to do accordingly."

[State Official in Pathumwan District Office, male (33)]

The celebrity auction was another activity that can reflect perceptions towards disabled people in this project. The initiator intended that this activity should raise funds for all the construction work. The majority of the participants were well-known celebrities in Santi's social network, such as politicians in the conservative party, public figures and artists. Interestingly, the disabled groups were not included as stakeholders in this event. The news coverage labelled it as 'Celebrity Auction for the Disabled' *[emphasis added]* (Bangkok Post, 27th September 2007). The story sought to attract the public by stating 'Be part of a good cause and rub shoulders with well-intentioned celebrities'. The role of disabled people seemed reduced at this stage. Disabled people's position was perceived differently at different stages of the process. For disabled people themselves, however, grasping this opportunity to steer a variety of interests towards winning their access requirements can be considered as their goal. As Suporntham, the leader of the Manud-lor group commented:

"Though this campaign might have a hidden agenda, either a business or a political motivation, I don't see any problem. The initiator can be part of the political network, and then use the Governor to take a leading role. But it is a win-win situation, isn't it? This project will be added to their election campaign in the future."

In addition, the position of the disabled group in this process was compensated for by the media, who took the role of disabled people seriously. The same article said that disabled people were partners in the project: *'the BMA and the alliance of associations of the disabled are organising a Celebrity Auction'*. Pleunpot who published this report explained:

"Broadcasting the disability movement must be our duty, because the Politics or Economics issues have been covered by many other media. [...] In recent years, disabled groups are strengthening. Ten years ago, they were all about charity, we didn't have any source of information about their role in movements."

[The Bangkok Post Columnist, female (45)]

As long as the motives are consistent with the movement's main goals, this may be a win-win alliance of the public and the media (Villeval, 2008:252).

7.6 Negotiating with a disablist process

This section focuses on the way disabled people sought to grasp an opportunity in this process to achieve their goal. There were three ways that they sought to negotiate with disablist processes in this campaign. Firstly, they sought to overcome the idea that an access issue belongs only to an individual or a minority group: disabled people expanded their access agenda by targeting goals on behalf of other pedestrians such as cyclists and older people. In this aspect, Peters *et al.* (2009:546) suggest key elements for the success of disability movements consist of:

mutual support, national policy e.g. using the existing access law, alliance building, direct action through demonstrations, harnessing the mass media, educating the public and disabled people.

Disabled people also merged their issues with the project initiator's agenda to include the success of this campaign with benefits for the public prestige figure, the King.

Secondly, to change the predominant notion that disabled people are passive recipients, they insisted on contributing to funding for the project. They suggested in the MoU document that their network was the '*partner*' of the project, not the '*recipient*' of the outcome. Nevertheless, some of those who took part in this project believed that its goal was achieved by a non-disabled person. They took the value of this project as raising society's public awareness of access issues for disabled people. What is more, information from the online survey revealed that 33 percent of the 46 informants perceived those facilities to have been improved '*for*' disabled people, while 14.9 percent thought they aimed to create a good urban space for everyone (Sawadsri, 2009:15). The presentation of disabled people in this project retained them within a recipient role: as one participant said: "*I'm proud to give something good for the disabled*".

Thirdly, because of the lack of knowledge of disabled people's spatial requirements, throughout the process, disabled people educated non-disabled participants on such issues. For instance, the disabled volunteers demonstrated the obstacles on footpaths and their needs to the architects, builders and representatives from the Public Works Unit. Knowledge about access for disabled people in the local community is crucial in the process of negotiating with the disabling environment. For Imrie (2000a:20), the strengths and weaknesses of local disabled groups as well as the resources available to local state officials are significant components in responding to disabled people's access requirements. By conducting the obstacle survey, disabled people had an opportunity to educate their non-disabled peers about their spatial experiences. They were able to articulate their needs in a real situation. For instance, the blind volunteer got stuck because of a hydrant pillar which blocked the walkway. He demonstrated that this object was set too close to the guiding blocks for blind people. This can be a danger to people with visual impairment. This way of educating non-disabled people effectively led to the removal of the physical barrier: the hydrant was taken away from the guiding line (Figure 7.13).



Figure 7.13 An example of an obstacle that was removed after the project finished

(Left) the blind volunteer demonstrates that the hydrant pillar in the middle of the walkway is a dangerous obstacle; (right) thereafter, this hydrant pillar was removed from the main thoroughfare

Consequently, this not only led to the removal of the physical barrier. Articulating disabled people's needs to their non-disabled peers effectively shapes attitudes about accessibility. Danu recounted another scenario during the same survey:

"I usually see those disabled via the news. However, in the survey I saw one wheelchair user was trying to avoid a pole. But his front wheel fell into a little hole then he got stuck and couldn't do anything. I think a powerful authority should have seen this."

[Public Works Unit Officer, male (33)]

Disabled people can avoid conventional tactics or as Shakespeare(1993:257) describes, use different forms of protest such as 'march, demonstration, blockade, boycott, sit-in etc' as well as not focusing on resource allocation. This movement, perhaps, can be seen as 'new' in the way that disabled individuals and their organisations have merged their agendas with the public interest, such as the issue of the quality of the urban environment, so as to make a contribution to the King. The tactic that disabled people coined with this movement, by putting aside their access agenda and following the strategy of making a contribution to the King, can be seen as countering the dominant impression that disabled people are passive citizens and recipients. The concept of resistance in this case was deployed against that kind of dominant disabling attitude. Furthermore, disabled people as partners of this project also represented their

membership as part of society. Gabel and Peters (2004:593) regard this '*counter-critique*' approach as aiming to increase the understanding of differences in wider society, '*moving them beyond their own parochial interests*'.

We have seen that there are three significant factors in this process where disabled groups campaigned for their access requirements alongside non-disabled people. They are: knowledge, ways to build the network; and the conditions of the political environment. Firstly, knowledge about disability and access needs are especially important for educating the public about their access requirements. It is also crucial that disabled people are able to merge their issues into general matters of public interest such as human rights and quality of life. The second element deals with the creation of a social network, which is not necessarily a disabled people's organisation. This can include advocates with or without impairment/disability experience, who can transform disabled people's access requirements into issues of general public interest. It is crucial to include local politicians in the social network. This can strengthen the network in itself.

Last but not least is the context of the local political environment. It is politically possible to turn social relationships into issues of access. The roles of the local political system, the legal context and the political culture are significant to the extent that those elements facilitate or impede the integration of access issues into the main political process. These three factors also play a part in the process of lobbying the authorised actors, for example with regard to policy decisions. The mechanism exerts pressure using self-communication and the mass media. The interrelationship and process is provided in the diagram below.

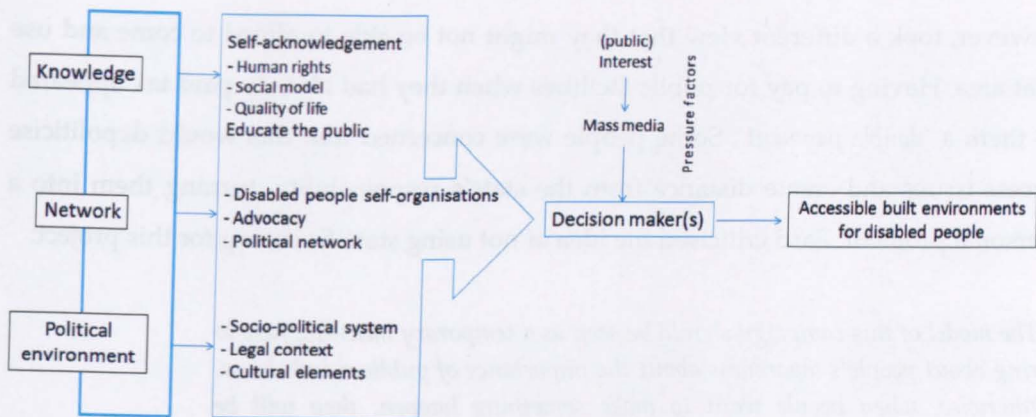


Figure 7.14 Key components in the process of achieving accessible facilities for disabled people

7.7 Conclusion: is this a new way to achieve accessible facilities?

This chapter has explored the collective mobilisation of disabled people. It has outlined two strategic methods used by their movements. Firstly, they initiated and sought to legitimise their demands for legislation by getting together for demonstrations. Secondly, they took a role within social movements initiated by non-disabled people. In the latter process, disabled people are not only able to attract public attention for their access issues; they are also able to pass on their knowledge about disability and spatial requirements to society. Imrie (1996:171) highlights the key elements of the empowerment process for the disability movement: seeking to gain credibility for some individuals or groups and to create the conditions to change attitudes about disability. It is also important that society is able to accept differences as well as to empower disabled people as equal citizens of their society, so that disabled people are able to say, as Branfield (1999:399) notes: ‘*“I am disabled” [which] is a political statement*’.

The project initiator viewed positively the use of funds from property owners and other stakeholders as a way to create a sense of ownership of this footpath. He believed that not using state funds kept the matter from becoming enmeshed in bureaucracy. However, some people felt that this financial contribution suggested that citizens were saying to their government: *“we can’t wait for you”*. This tactic can be perceived as a good role model for reminding the state about its responsibility. Disabled stakeholders,

however, took a different view that they might not be able to afford to come and use that area. Having to pay for public facilities when they had already paid tax appeared to them a 'double payment'. Some people were concerned that this would depoliticise access issues and create distance from the state's responsibility, turning them into a personal problem. Eard criticised the idea of not using state financing for this project:

"The model of this campaign should be seen as a temporary measure, just to bring about people's awareness about the importance of public mindedness. Otherwise, when people want to make something happen, they will be expected to pay their own money. If we need to pay even for a good public footpath, what are our taxes for?"

[Disability activist, wheelchair user, female (29)]

This project was claimed to be mainly of benefit to disabled and older pedestrians and cyclists. However, there are other users of the footpath. They are street vendors and motorcyclists who use those facilities quite frequently, as well as the *Teskij* who take responsibility for the condition of footpaths. Therefore, even though the pavement was improved and accessible facilities built, the earlier problems were unlikely to be solved. I revisited this footpath in 2009, two years after the project was accomplished. Many spots were damaged due to misuse as well as lack of maintenance. Motor bike riders and vendors had not been included at any stage of the project. Furthermore, an informal conversation with disabled participants revealed that some disabled people have never been back to this road. The motorbikes returned and rode on the thoroughfares. The carts of street food vendors also parked alongside the Rajdamri Road (Figure 7.15). As a result, the newly made ramp surfaces were broken (Figure 7.16). All of these observations revealed that important actors were missed out of the process.



Figure 7.15 Usage often creates obstacles for pedestrians and damages pavements (Left) the street food vendors and (right) using the footpath as a shortcut to avoid congested traffic and traffic police



Figure 7.16 A newly-made ramp was damaged

Disabled people's organisations have sought to push their way forward in achieving a more accessible environment. There have been influences from Western disability movements through legislation enforcement and education in a broad sense. It is crucial to note that laws and their enforcement are still important. However, it is not necessary that this is done in the Western way. Rather, a way which works well with Thai culture is required. We have learnt in this chapter about processes which achieved accessible facilities: they suggest, in the majority of cases, a dependency on the role of an individual, such as disability leaders; or a non-disabled person in the case of the footpath renovation project. Santi attempted to include a disadvantaged group of people in a social movement underpinned by a public interest issue. By claiming the campaign included a contribution for the King, he drew attention and cooperation from the stakeholders, in particular state officials and elites. Nevertheless, disabled

people throughout this project are still passive recipients rather than partners. Furthermore, these were proposed recommendations, not regulatory changes in which compliance was required from the concerned actors.

The collective movement in this footpath renovation campaign created a visibly transformed space for disabled people. However, this was not a sustainable project: it was ephemeral. Feedback from Danu reflects on the role of disabled people in this campaign:

"I can't see their real demand, despite the fact that they came here together as a group, asked for change and then disappeared. They should come and use it more often. If this project really paid off, disabled people's lives should be changed for good. It shouldn't be that difficult that they have to travel to use those new walkways in order to convince others that they really need it."

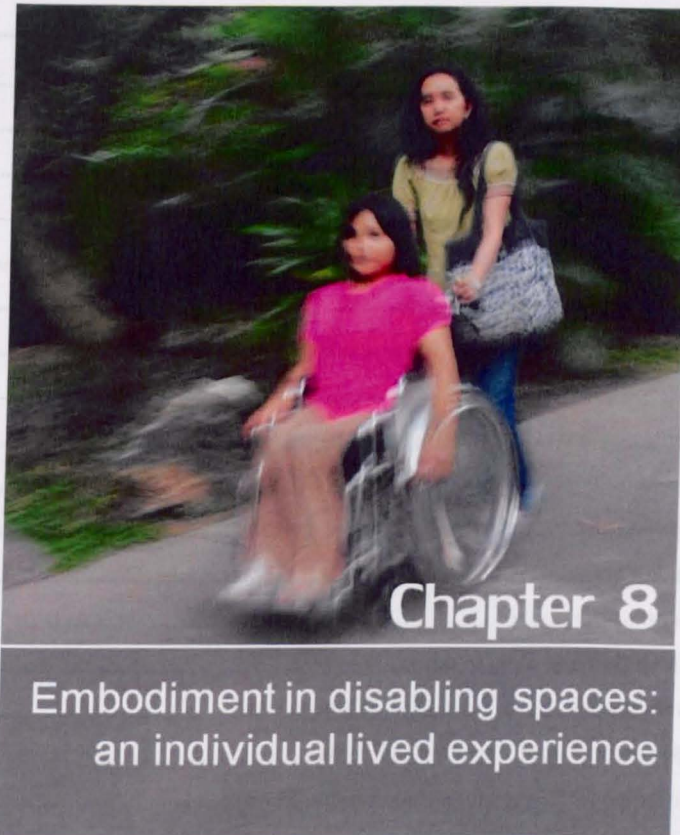
[Public Works Official, male (33)]

For disabled people, their mobilisation on access issues seems to require that more work be done. The access issue still is challenged by societal attitudes, disability culture, and lack of knowledge about disabled people's spatial requirements, factors which are much more difficult to overcome than physical barriers. Disabled people from one generation to the next have kept negotiating and pushing their roles as active agents. Tum summed up her experience throughout this project:

"Topong once told me that what we are doing might not work with Thai society. Those disabled who fight for lottery quotas and charitable resources, perhaps, have a better fit with our society. I then asked 'why have you kept doing this for over ten years'. He said 'there have been many countries trying this approach. When the built environment is good for us, our lives will be better'. From my experience, I do believe this is so true."

The process of disabled people as a group working with non-disabled people has a big impact in creating accessible facilities. The transformation of physical barriers can be achieved in a short time. Nevertheless, disabled people's role in the process remains unclear: does this process reinforce the notion that the access issue is an individual problem, and that disabled people are still passive recipients? This shapes attitudes

toward disabled people as a whole. The spatial needs of disabled users were perceived as an ephemeral phenomenon, of lesser import than their realistic needs in their day-to-day lives. What are the processes and factors which not only remove physical barriers, but also overcome attitudinal ones? Investigation into this will be carried out through the daily lived experience of a disabled individual in the following chapter.



'For women with disabilities, negotiating spaces of everyday life, such as the home and work place, is often a difficult, contradictory and oppressive experience. This is because experiencing spaces through a disabled body not only involves significant physical and mental challenges, dealing with significant limits to one's capabilities to act, but also encountering and responding to complex, often confusing social rules and cultural codes which mark the disabled body as negatively different and less valuable than the 'take-for granted' (norm) of the able body.'

Vera Chouinard (1999:143)

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8 | Embodiment in Disabling Spaces: an individual lived experience

Introduction: embodiment of impaired bodies

This chapter explores how the impaired body experiences spatial impediments. It takes seriously the impaired body in its immediate built environment. This embodiment is expressed by a disabled participant: wheelchair user Miss Tum, who lives alone in Bangkok. By teasing out her experiences of coping in non-disabled public spaces, it shows how the participant seeks to resist a disabling social and physical environment in different ways. Learning through the experience of an impaired body leads to knowledge for the built environmental discipline. Hansen and Philo (2007:493) highlight that it can shift '*the emphasis from (aiding disabled people in) doing things "normally" to (underlining for all of "us") simply the normality of doing things differently [original parentheses]*'.

There have been several attempts in policy implication and practice to create accessible built environments for disabled people. In Thailand, studies have mainly focused on the factors affecting practical strategies relating to existing access policy (e.g. Kabinlikkawanit, 1998) and the evaluation of design guidelines (e.g. Kulachon and Dankittikul, 2005). Those works develop a deeper understanding about the role of the law and concerned actors such as policy makers, designers and planners. However, physical barriers still impede disabled people's experiences in public built environments. For Gleeson (1996:393), the built environment can be seen as '*the phenomenal form of sub-structural processes which devalue physically impaired bodies*'. In other words, the construction process is an indicator of societal attitudes and how

disability is understood. It also acts to *reinforce*, rather than only acting as a passive cause of, the social marginalisation faced by disabled people.

For Imrie (1996), knowledge in studies of accessibility and disability has been formally produced by academia and government policy sectors. It is problematical because it has omitted the experiences of disabled people's lives from research agendas. The lives and views of disabled people have been shaped by the circumstances surrounding them (Kitchin and Law, 2001; Gleeson, 1999). Individual bodies intermingle within broader socio-cultural relationships to produce circumstances that consist of *'contestation in a series of economic, political, sexual and intellectual struggles'* (Edwards and Imrie, 2003:240). Indeed, disabled people's experiences of places and spaces can be either facilitated or limited by existing built environment conditions. Imrie (2003:246) also highlights that inequality and struggle are the everyday experiences of disabled people. These physical environments are significantly constructed through social processes. Hall and Imrie (1999:409) refer to *'obstacle courses characterised by a range of social, attitudinal, and physical environments'*. The ways disabled people become excluded within society cannot be understood without an appreciation of the experience of disability as well as a recognition that life and society are situated, contextualised and reproduced in space (Kitchin, 1998:343-344). Therefore, insight into how those socio-spatial factors affect disabled people's lives is produced by studying daily life experiences in built environments.

Discussion in this chapter draws on the concept of the body as a bearer of value in society (Edwards and Imrie, 2003). That is, the bodily functions of people with impairment are influenced and compromised by broader social and practical factors, entwined rather than limited as a result of their impaired bodies. People as agents either collectively or individually *'transform or reproduce their social structures but they do so within specific conditions, including those which are internalised as part of their habitus'* (ibid.:244). The concept of habitus regards *'the basic stock of knowledge that people carry around in their heads as a result of living in particular cultures or subcultures'* (ibid.:243). Furthermore, Thibodaux (2005:507), drawing on Pierre Bourdieu's concept of *'habitus'*, clarifies that daily life experiences are *'shaped by constellations of personal, physical, social, and environmental factors'*.

Disabled people have been oppressed not only by inaccessible facilities in public places, but also by the way other people react to them. The social reaction toward disability and disabled people in public creates greater struggle in their lives. Butler and Bowlby (1997:411) draw on Morris (1991:25) to make clear that disabled people deal with *'the knowledge that each entry into the public world will be dominated by stares, by condescension, by pity and by hostility'*. This psychological form of barrier further internalises disabled people's feelings of oppression.

However, Freund (2001) notes that the social environment can be over-emphasised as a key barrier for disabled people in the social model approach. Disability is not merely socially constructed, but, partly, resides as an *'objective'* fact for bio-bodies with impairments. Even if social attitudes and temporal-spatial barriers are removed, for instance, the impaired bodies still face difficulty in coping with chronic illness (ibid.:690). However, Barnes (2001:13) argues that care must be taken if it is implied that the social model precludes the experiences of disabled people. Their experiences should be looked at within a cultural context *'in order to highlight the disabling consequences of a society that is increasingly organised around the needs of a mythical, affluent non-disabled majority'*. To understand the experiences of disabled people interacting with the built environment, it is important to remember that impaired bodies vary as much as the socio-cultural context surrounding the bodies.

In addition, for Edwards and Imrie (2003:244), the bodies of disabled people are often understood insofar as they deviate from a set of social norms, or are seen as bodies without value. Therefore, managing daily struggles in the public sphere is one way that disabled people seek to acquire social and cultural capital. In so doing, disabled individuals are agents who transform or reproduce their social structures through the way they manage their bodies, react to others, and interact with the built environment. Edwards and Imrie also suggest that by attempting to complement the division and differences between the individual and social disability model or *'the body as nature or culture, the notion of embodiment has become relevant'* (ibid.:242). Therefore, a study on the built environment of disabled people is crucial to determine the embodiment of the impaired individual in interaction with built environments. Dewsbury *et al.* (2004:157) contend that building understanding of the needs of one social group can lead to an understanding of events within the broad cultural situation.

The discussion here draws on a phenomenological approach: the lived experience of a wheelchair user. The aim is to explore the meanings that disabled people assign to their experiences, to understand existing public built environments through the eyes of people who live with disability. A significant element of this approach is that the subjects of research are experts on their own experience and offer the researcher an understanding of their thoughts and feelings through their own words (Reid *et al.*, 2005:20). In so doing, the voices of disabled participants enter research studies and gain a hearing. By accompanying a wheelchair user with a voice recorder, taking photos, and writing notes in public places, a deeper understanding about relations between impaired bodies, societal value, and built environmental requirements has been reached. The language used in this chapter is mostly in accordance with the participant's own style and meanings. For instance, I keep the word '*walk*' although she said this word when she meant '*rolling in*' or '*moving by means of her wheelchair*'. Keeping the original term aims to retain the meaning and value the research participant assigns to her life.

8.1 Impaired body and urbanised life

The recent survey by the Thai National Office for Empowerment of Persons with Disabilities (NEP) between 1994-2009 (National Office for Empowerment of Persons with Disabilities, 2009) reveals that of a population of about 65 million, 1.3 percent have disabilities. Of this group, 414,096 (48 percent) are people with mobility impairment, which is the most common kind of impairment in disabled people. However, of those mobility-impaired people, only five percent live in Bangkok. It is a challenge for disabled people to live their lives in the city where the urban fabric has been built with little attention to the diverse abilities of its residents. For Gleeson (1997:369), the critically disabling feature of urban cities with their diversity of people '*is their inaccessible design*'. Its facilities have been created to facilitate urbanised life. People with impairments seek to take advantage of the greater opportunities in the city to access resources in the modern economy; what are their experiences in coping with inaccessibility in public built environments? How do they acquire their value through practical spatial experience?

This chapter examines the access needs in the built environment of Miss Sureeporn Yupa, or Tum, who uses a wheelchair independently without any assistant. She generously volunteered to demonstrate her environmental experiences. Tum, 28 years old, has lived with the consequences of polio since she was very young and began using a wheelchair when she was a teenager. She was born and brought up in a provincial rural area situated about 500 kilometres to the northeast of Bangkok. She graduated from an open university (this has no entrance examination and provides distance learning) in Bangkok. Five years ago, the former leader of Disabled People International (DPI), Topong, encouraged Tum to convince her family that a disabled child can live and earn a living independently. Since then, she had lived in the peripheral area of Bangkok and regularly goes to work at an office in the city centre. Currently, her position in this organisation is the Regional Activities Assistant and Independent Living Project Coordinator. This international self-help organisation aims to achieve accessibility in public places. She has been trained to articulate people's needs in built environments. Therefore the participant was both keen and also expert in elaborating the difficulties faced in the built environment.

Setting the scene

The structure of a capitalist economy has long drawn in people from rural areas (where employment is based on agricultural production) to work in the urban setting (where work is based on industry and international trade). During a period of adapting to transnational economic development, the physical environments are not much different from earlier times in terms of the construction design and process, with little attention paid to the heterogeneity of its dwellers. Imrie (1998:129) notes that cities are characterised by a design apartheid where building forms are inscribed with the values of an 'able-bodied' society. Freund (2001:695) highlights the fact that cities are based on a 'walkism' ideology which disables impaired people. In daily life, people with impaired bodies often face disadvantage and oppression. In the majority of cases, disabled people pay a price for seeking opportunities in life within the hostile urban environment. Tum's situation is such a case. The places we visited are around the urban areas in Bangkok city.

Furthermore, most parts of the urban fabric in Bangkok are dominated by the car, because private transport is much speedier than public transport (Barter *et al.*, 2003). For Freund (2001:696), travel by car can be a ‘*user-friendly*’ means of transport for some people with impairments. However, Bangkok city is dominated by large or high speed vehicles, and it is extremely difficult for mobility impaired persons with slower movements and who use a wheelchair, such as Tum.

8.1.1 Mobility impairment: wheelchair user

Disabled persons with mobility impairment, as with other disabilities, are highly heterogenic. Butler and Bowlby (1997:422) describe a ‘*continuum of severity*’ of impairment varying from the use of walking aids, a cane or crutches, to a motorised wheelchair controlled by chin or requiring a personal assistant. The experiences in public places of people with mobility impairments vary. By involving different wheelchair users in the access survey, I witnessed the fact that although they have in common the use of a wheelchair, they nevertheless have different abilities when it comes to tackling physical and emotional barriers.

Tum uses a wheelchair independently. She can move her body on and off the wheelchair by using her arm strength, but she finds it is slightly difficult to sit upright without back support. Bodily interactions with basic routine activities are manageable to her. However, Tum often confronts constraints in social interactions and inaccessible physical environments. And her strategies for coping with the social and physical environment are varied. Individual circumstances effectively shape self-perception and social relations; Butler and Bowlby (*ibid.*:422) point out the various factors, consisting of:

the economic and social circumstances of each individual including gender, age, race, and class as well as their personality, friend and family support networks, and a host of other factors, also result in varying coping strategies and differences in their acceptance by others.

This insightful study provides a deeper recognition of the built environmental experience of a wheelchair user and the approach is relevant to people with other levels of mobility impairments as well as other forms of disability.

8.1.2 Daily life activities

Tum's workplace is located not too far from her home, about 12 kilometres away. However, there are few choices with regard to accessible public transport. Though Tum's tasks relevant to her job are mostly based in her office, she needs to make journeys to public places for various reasons, for example, home visits to disabled people, to demonstrate, to attend meetings, to go out for leisure and so on. Office hours are from 9 to 5p.m. and Tum needs to leave her house in the north of Bangkok travelling in a southerly direction to the centre more than an hour prior to her departure to arrive on time. The trip from home to the office usually takes between 45 minutes and an hour by private car. Regularly, Tum shares the fuel fee with her colleagues to use the office minibus for this journey. If the minibus is out of order, she opts to hire a taxi. The nearest accessible public transport (Sky Train station) is very close to the office.

On weekdays, Tum regularly makes a return trip to work on the office minibus. In the event of undertaking fieldwork around Bangkok and vicinity, she uses the taxi service or the express train system. At weekends, Tum prefers to spend time at home; otherwise, she eats out or does shopping with friends by taxi or the express train service. Sometimes, Tum invites friends for a party in her home. On a daily basis, Tum makes short journeys within her neighbourhood to buy groceries, meals and other essential activities for example, going to the bank or pumping up her wheelchair tyres in a nearby garage.

Her house is located on a housing estate in the *Bang-bua-thong* district, a suburb of Bangkok. There is a main road bordering her neighbourhood. There are motorcycle taxis for short distances and a bus service for getting into town. However, for Tum, neither available public transport mode is usable. Steps must be ascended in order to board the buses, making them impossible for her to negotiate in her wheelchair (Figure 8.1).



Figure 8.1 An example of a typical bus with steps at the passenger doors

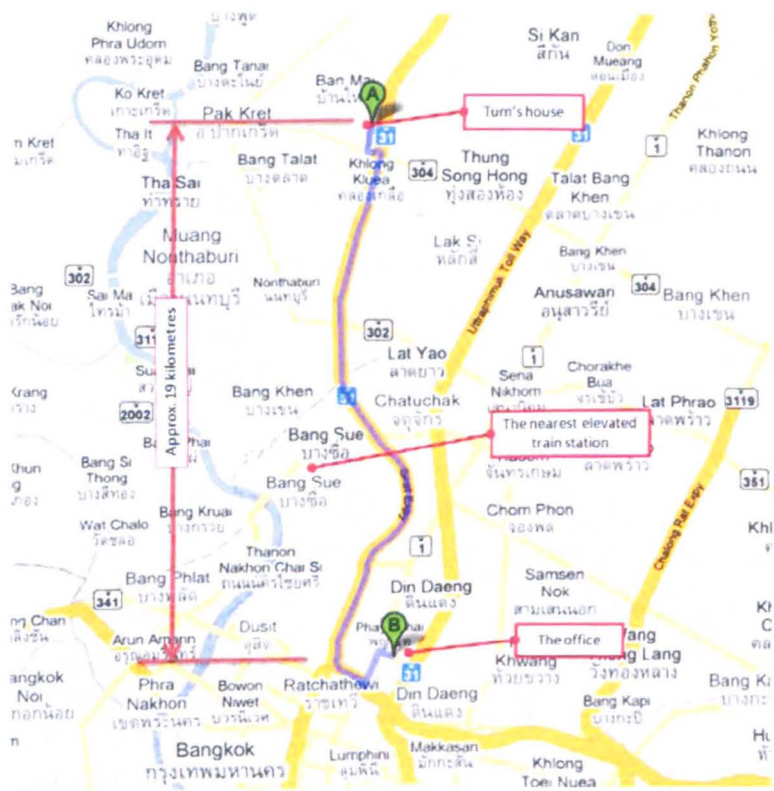


Figure 8.2 Distance from Tum's house to her office and the nearest accessible transport



Figure 8.3 A spot where Tum regularly waits for the mini-bus and taxi service

The most wheelchair friendly and available transport around Tum's neighbourhood is the taxi service. Since her house is situated at the urban fringe, she must pay an extra charge for calling the service, which is often delayed. On a regular basis, Tum needs to walk along the street within her neighbourhood to wait for a colleague who comes in the minibus and stops by the main road (the spot where she waits is indicated in Figure 8.3).

8.1.3 The manageable environment and self internalisation

Although domestic space is not a key focus within the scope of this study, it is not an insignificant place to explore. The home is where the disabled dweller assigns meanings of self-efficacy, in particular when compared with their identity in public places. Living in a residence where the disabled individual is able to perform and complete their desired daily activities independently, is a way to create a feeling of self-efficacy - the feeling related to their capability in achieving their chosen activities in a manageable environment (Twigger-Ross and Uzzell, 1996:208). Furthermore, a private place like the home tends to have a greater than usual value for some people with mobility difficulties. For Gilroy (2005:144-145), it has meanings to do with wider

cultural factors such as family, self identity, independence and a way of interacting with society outside the home. As Tum lives alone, her home is an important place where she can perform daily activities with control and independence. Her house has two storeys with two flights of stairs, so she performs all her daily activities on the ground floor. She lets her non-disabled colleague rent a space on the second floor. In her home, Tum adapts, modifies and rearranges all furniture to fit around her habits and requirements. The key point is that the disabled dweller is able to manage her dwelling on her own terms. Independence is not necessarily merely associated with the ability to live alone, but also the autonomy which it gives over the details of life. As Tum reflected:

"I can hire someone to do and fix things as I want [...] I can pay people for those jobs, making my own decisions, deciding what my life will be. [...] though I've experienced many difficulties, I'm happy to live like this. This is what I call an independent life."



Figure 8.4 Tum sits in her house while sharing information about her independent life

The open-plan configuration in the four by eight metre house enables its owner to circulate freely. All of the interior functions are connected, which alleviates the use of energy to perform daily activities such as moving from the bed to the bathroom and through the kitchen area. The kitchen sink has been modified and hung on the wall at a 60 centimetre height, without pillar supports, so that Tum is able to move her wheelchair closer to use the sink and water tap (Figure 8.5, to the left). The bathroom door has been widened to 85 centimetres, wider than the typical bathroom door of 70

centimetres. Although the door is only 15 centimetres wider, it is much easier to access by wheelchair. As this bathroom is normally used only by Tum, she has opted for a plastic curtain instead of a wooden door. Apparently, a sliding door is more convenient than the swing type (Figure 8.5, in the middle). Sawadsri (2007:152-153) reveals that in a living space, the wheelchair user prefers to modify the existing furniture rather than pay for specially designed features, partly because the appearance of medical-style devices (e.g. grab rails all around the house) can attract a sense of stigma to one's house. Furthermore, Tum assesses her needs, and then often buys new furniture with mobile features. Table and storage furniture which come with wheels are easy to move while sitting in a wheelchair. She said *"it's very easy to move this table when I want to plug in those cords behind the computer"* (Figure 8.5, on the right). Thus, even living alone in the house, Tum is able to manage everything by herself.



Figure 8.5 Examples of modified home furniture to fit with the dweller's requirements

(From left to right) the pillar supports of the wash basin are removed; a plastic curtain has replaced the bathroom swing-door; mobile desks and cabinets with wheels

The controllable space in the house empowers a disabled individual to negotiate with the world outside, that is, the public spaces. Disabled people tend to have more creativity when adapting or expressing their requirements to the public. Tum always comes up with solutions about the very things that impede her in public places. The places that she can manage and have control over have provided her self confidence. *"There should be a gap at the end of each hump, left and right, then at least I can move zigzag through those gaps "* - that was how Tum suggested the street humps should be built while she was wheeling about her neighbourhood. And about the inaccessible features in the greater public sphere: *"this ramp should be placed alongside, and in the same direction*

as the traffic, not crossing through the lanes like this” said Tum while using a ramp on the street.

The personal testimonial of Tum in her home significantly reveals that a disabled person is not necessarily oppressed by disabling facilities. Rather, by adapting, removing or managing those barriers, she has the ability to cope as a more active agent. Imrie (2010:35) contends that the way disabled people are able to overcome their disabling domestic space by creating a usable space shows impaired people are not *‘passive victims’*.

8.1.4 Being disabled is expensive

Living with impairment, life is more expensive for disabled people. The costs are not only those of medical equipment, such as walking aids or personal healthcare, but also those arising when negotiating within a hostile environment. As Marks (1999:89) highlights: *‘being disabled can be expensive’*. Completing day-to-day activities demands a considerable amount of energy and expenditure for disabled travellers. Furthermore, there is a trade-off to be made with valuable human dignity in coping with social exclusion.

Though the recent Bill of Access Standard Facilities for Disabled Persons 2001 (B.E.2544) (Thailand Government Gazette, 2001: Section 3: Vehicle :51) states that public transport must provide accessible features for disabled and elderly people, none of the buses are accessible for wheelchair users without their being carried on and off. Therefore, the most feasible form of transport for Tum is the taxi service. The fee for this service starts at 35 Baht, plus up to 50 Baht for an extra charge for each time the service is called. Thus, she opts to share the fuel fee with her colleagues to use the office minibus during weekdays. Therefore she needs to spare 25 percent from her salary to spend on travel. However, the most preferable transport for Tum is the public services, such as the Sky Train (elevated train) and the bus service system. As Tum commented: *“I like the train most, I don’t have to be lifted off from my chair; while in getting on and off a taxi, I get tired. And if the buses were bigger and lower, I wouldn’t need to be much bothered by using them”*. Recently, Tum had the chance to visit Japan and stayed for a

year. It was a turning point for her thinking about the value of human dignity in relation to the accessible built environment. She explained:

"There, I didn't bother whether it was raining or not, I can go everywhere, whenever I want. Mmm...very fun...every day. If I could only take one thing from there, I would wish to put the bus system back in my bag. There is a lot of inspiration for our country. "

In Thailand, disabled people still struggle with basic modes of transport. The fee for the express train service starts at 15 Baht, but inadequate facilities for accessing the platform (by lift) create greater difficulties for wheelchair users. The Bangkok Mass Transit System (BTS) offers a free ride at any station where the lift is installed, though restricted to an individual who presents a valid disability identity⁵⁵. However, out of 25 stations, the lifts are installed only in six stations, and not all of those equipped stations have lifts for both sides of the road (inbound and outbound). Although, there is a station near Tum's workplace, it has no lift which makes it impossible for her, unless she can be carried onto the escalator or over a long flight of stairs. Likewise, even if the bus service costs much less (from seven Baht), the entrances are steep and there is a lack of space for wheelchairs inside the buses. There is a compensatory measure of half price travel for disabled people, but this is restricted to visually-impaired people who are certified by the Association of the Blind.⁵⁶ Therefore, the bus service, which is the most affordable, can turn out to be the most challenging option, leaving few choices for wheelchair using passengers.

Despite the fact that the taxi service is one of the most expensive forms of private transport, it tends to be a popular mode of transport among disabled people (see for example the taxi usage figure for wheelchair users in India in Belcher and Frank, 2004:46). This service is convenient as it takes clients from door to door to any desired destination. Disabled people can get in and out of the car at the time required and are free from a feeling of being a nuisance to other passengers. In contrast to the private taxi service, disabled travellers often struggle to reach the nearest bus stops or train stations. On some occasions, Tum's colleague is not available or is unable to drive her to the office. But using the taxi service not only costs Tum financially, it also is laden

⁵⁵ Source: Bangkok Mass Transit System public company [online available]: www.bts.co.th

⁵⁶ Source: Bangkok Mass Transit Authority [online available]: www.bmta.co.th/en/services.php

with emotion and stress. The taxi service seems unreliable, as she has to be at the office around nine o'clock, but:

"...sometimes I waited until ten, like on Monday there was a high demand for taxis. Sometimes the driver didn't know how to find my house. He just went back without notice, and kept me waiting."

Furthermore, the cost of using the taxi service is high. It is difficult for Tum to use this service as a routine form of transport. A return trip from home to office and back home is equal to her whole day's income: *"I have nothing left for that day"*. Therefore, she opts to travel with the minibus service (provided by the private sector). Although this mode of transport does not provide a calling service and she must walk almost a kilometre to the station where it stops, it is the only option to get to the office when taxi demand is congested. Although:

"...the minibus is available. I can only take it after rush hour. Otherwise, there are too many passengers; I don't want to waste their time. I also pay for the space of my wheelchair. So the price is counted as three passengers including myself."

Each time she uses the private minibus service it costs one third of her daily income. Yet when using it, Tum also needs to hire a taxi from the nearest destination to continue to her office.

Lack of accessible public transport not only creates an expenditure burden for wheelchair users, the absence of buildings designed with disabled people in mind also worsens financial capacity. In Tum's workplace, although physical facilities are well equipped for disabled workers, the areas around the premises are not wheelchair friendly. Catering is not available in the office, so that the staff have to leave for lunch, or hire a motorbike rider to buy them a meal. There are walkways along the street from Tum's office to food shops or grocery stores. However, the kerb is about 20 centimetres high, and the footpath full of obstacles forces wheelchair users to share the road with other vehicles. Hence Tum regularly hires a motorbike rider to buy her a lunch, and on some occasions, a supper. The price of a meal is approximately 30 or 40 Baht, plus another 70 Baht for the return trip of the motorbike courier.

Commuting around the urban sphere requires enormous effort. Sitting in a wheelchair and wheeling about the uneven pavements demands high concentration and creates stress. Tum regularly uses a manual wheelchair from home to the workplace and back home again. Although the electrically powered one is more convenient and easy for its user, wheeling it onto steep or cracked surfaces may cause damage and entail more expenditure. As Tum said: *“my ‘shoes’ are expensive, its repair costs me a lot”*. As her electric wheelchair weighs around 70 kilograms (including the battery), it also often creates difficulties in carrying Tum up and down: *“anyone who carries me could get very tired, have a risk of backache, even being carried is also so exhausting”*.

Such demands on her finances and energy, because of the effort required to navigate around public places, effectively circumscribe her opportunities to flourish. *“I can’t afford outings so often. By bothering others in public or even my friends, I feel guilty and burdensome.”* It can be said that disability policies which lack careful consideration of the needs of disabled people are limiting their lives. According to the regulations on Public Welfare 1996 (Thailand Government Gazette, 1996), an employed disabled individual, such as Tum, is deemed as ineligible to apply for the monthly (disability) allowance of 500 Baht.⁵⁷ Registering as a disabled person seems to be a reinforcement of her disabled identity when using the state’s facilities and services. The financial allowance fails to meet the needs of disabled people, as Tum explained:

“it [500 Baht per month] doesn’t mean much, a return trip by taxi is already 400...even if I accumulate those allowances for ten years, I will get just 60,000 Baht.⁵⁸ No point in thinking about buying a house with that money.”

⁵⁷ This regulation was changed in April 2010, subsequent to the time of writing. The Ministry of Social Development and Human Security launched a new Bill of Guidelines on Disability Welfare Distribution. Every disabled individual who is entitled ‘disabled person’ is eligible for an allowance, regardless of their income.

Source: Thailand Government Gazette (2009) *The Bill of Guidelines on Disability Welfare Distribution 2009 [B.E.2552]* [Online]. Available at: <http://www.ratchakitcha.soc.go.th/DATA/PDF/2552/E/176/15.PDF> (Accessed: February 2010).

⁵⁸ At the moment, Tum uses a second-hand electric wheelchair, which costs around 40,000 Baht. There is evidently a lack of careful consideration of the actual needs of disabled people by the policy decision makers. There has been wide debate among disability activists about the amount of monthly allowance for registered disabled people. In addition, 500 Baht for Tum per month seems like not much support from the government, whereas disabled people view this welfare-based support as reinforcing a sense that disabled people are burdensome.

We have seen that living with an impaired body costs more than just sums of money. Disabled people have to pay an enormous price to overcome both social and physical barriers in urbanised settings. The wages of living with disability have to be spent on overcoming the unfriendly physical environment. But disabled people manage to gain an independent life by finding a strategy for surviving in the urban sphere. Although the cost is quantifiable, the price of confrontation with disapproval in daily life is beyond calculation. It is important to note that stress and the oppressed feelings of disabled people are not necessarily caused by their impairment or illness. They are often associated with inadequate responses to their needs which lead to a poor quality of life and unequal opportunities (UK Prime Minister's Strategy Unit, 2005:63).

8.2 Mobility in the neighbourhood: removing attitudinal and physical barriers

Performing the activities of daily life can be a method by which the public becomes aware of the existence and needs of disabled citizens. Seeing disabled people moving around in the neighbourhood significantly affects the mindset of non-disabled people. Although Tum reacts to the physical barriers in her neighbourhood less actively than to those in the public space of the city, she has nevertheless gradually changed her neighbours' attitudes toward disabled people. A more important consequence is that good relationships have been created with her neighbours. The neighbour changes from seeing a disabled person as being 'other' or somehow alien and inspiring fear, to seeing them instead as a 'member of the community'.

8.2.1 Acting for changes

Living in the urbanised city of Bangkok demands high self-reliance. Living alone with disability further necessitates the creation of friendly relationships within the neighbourhood. In many cases, Tum requires her neighbours' support. She seeks to be friendly with her neighbours. This is another aspect of life which is relatively different from the way she was in her home town. From her very early years up to the age of 20, as Tum was the only family member with impairment, she was always treated in the best way. The activities of daily life tended to rely mainly on the support and decisive

role of other family members. Tum described it thus: *"Once I wanted to hang my clothes in the backyard. So I asked my dad to build a slope over the threshold. He said don't bother, he'll do it for me instead".* However, settling down in Bangkok, earning a living alone, just to achieve common daily activities, Tum requires many things to be done by the people around her. Being able to adapt in such a way as suits one's personality seems a crucial element for independent living, as she explained:

"...all of my family are still in Srisagade [her home town]. My family supported me a lot there, and then I didn't bother much about those neighbours. But here, I often ask them [the neighbours] to help. They open the gate for me. I'm becoming a talkative person now."

Additionally, safety and security in life are potentially gained from good relationships within the community. Tum always keeps close links with her neighbours, greeting them and chatting when situations offer themselves. Once we arrived at Tum's house around eight o'clock in the evening; there was no street light in front of her house so it was quite dark. One neighbour asked if we had come to see Tum and who we were. This middle-aged man who lives a couple of houses away from Tum's always keeps an eye out for her security. When any cars park at the front, this man steps out and asks if anyone is associated with Tum. *"He often carries my wheelchair out from the taxi,"* said Tum.

It should be noted that Tum lives in a housing estate in a suburb of Bangkok, graduated at university degree level, and works with an international disability organisation. Rhabibadana (2007:5) highlights that middle class Thai people tend to be individuals living in urbanised settings. In the urbanised city, the industrialised mode of production tends to reduce reliance on collective resources, reducing the level of reciprocity relationships. However, living alone with an impaired body, it is important to have a friendly personality to overcome difficulties in daily life.

Transforming the stranger to a member

Being a woman and living alone in a wheelchair in a suburban neighbourhood can be seen as an exceptional case. Human nature often responds to unusual circumstances with fear. Shakespeare (1994:286) draws on Morris's concepts of fear and rejection of

difference that *'deters us [society] from confronting such realities. Fear and denial prompt the isolation of those who are disabled, ill or old as "other", as "not like us"'*. Disabled people often face reactions from the public in both positive and negative forms. Their reaction may convey pity or attempt to maintain a distance from the disabled individuals. For Butler and Bowlby (1997:420), both reactions are associated with fear and feelings of superiority which threaten disabled people's humanity. They adopt Shakespeare's words: *'Other' or 'dustbins for disavowal'*.

However, performing daily activities in the neighbourhood, in part, improves misconceptions about being different. For Tum, positive and negative reactions from non-disabled peers can be a means to communicate about disability issues with her community. Tum shared her experience:

"Once my dad and I came here to search for a new house, an old man around the corner walked over to me. He had just bought a new car. He said 'stay away from my car, don't scratch it'. My dad was so angry. I said to my dad, 'never mind, I will live here, anyway. I will ask for help from a kind uncle who lives around here.' These days, he [the old man] treats me nicely ... always asks if I'm doing well."

Additionally, as she moved around in the community as a newcomer with difference, the neighbours were curious about Tum. *"There was a rumour when I moved in. They thought that I might be a drug detective agent who works for the police. They've never seen [a disabled woman living alone], so it's hard for them to believe I can survive here."* For Begum (1992:72-73), gender and disability are socially constructed classifications due to which disabled women are more likely to have internalised society's rejection. They are more likely to be identified as *'disabled'* than men, and *'both roles [female and disabled] available to disabled women label us as inferior, passive and weak'*. The reaction to the individual with physical difference, for Morris (1991:101), is connected to the feeling of denial, because *'it could happen to them. A lack of control over one's body is also very frightening, particularly as it can mean such dependence on others'*. Nevertheless, the consistent presence in the neighbourhood of disabled people with friendly personalities, seen to be living independently without being burdensome, eventually changes attitudes towards disabled people. As an employed disabled person, Tum attempts to help her neighbours to appreciate that a disabled person is able to live independently, including

managing their own finances. She responded to neighbours who offer support by asserting her autonomy, in examples such as when *“the garage people often fill my tyres for free. It’s unequal support. I keep counting the money I owe them for each time and then pay all at once, so they accept it.”* The key element in gaining an independent life for a disabled person does not mainly consist in having a likable personality. Rather, it is clear that in asserting the capacity to live alone without being burdensome, a disabled person can derive acceptance as a member of her/his community.

8.2.2 Acceptance and removing physical barriers

Disabled people performing daily activities outside the home not only influence mindsets, but removing physical barriers is another significant consequence. It has been more than two years since Tum came to live in this housing estate. Besides walking to catch the office minibus at the exit to the estate, she often performs other day-to-day activities out and about in her neighbourhood. It is about two kilometres to the bank or the nearest market. Familiarity with a disabled neighbour broadens others’ understanding about needs in the built environment. Witnessing such requirements not only overcomes attitudinal barriers, but also effectively creates a way to remove physical barriers. Once, when we were on the way to a noodle shop nearby, Tum told the story of how the street humps had disappeared at some points on the street (Figure 8.6).

“I usually walk past the garage out there. Passing those street humps is so difficult. People there always ask if I can make it. One day, there’s a mechanic told me he’ll knock them away. Another morning, those humps had been removed to the width of my wheelchair.”



Figure 8.6 Shows where the street hump was removed by her neighbour in the village

It is clear that presence of disabled bodies in a community is of considerable importance. As many people have never had either direct or indirect experience with disability, attitudinal and physical barriers still impede the equal participation of disabled people within their society. We have learnt from Tum's daily life experience that only if disabled people are able to be seen in the neighbourhood does the fear of someone perceived as a stranger turn to acceptance. Such acceptance effectively transfers recognition of actual needs in the built environment to non-disabled members of society. The experiences of one wheelchair user and her neighbours' behaviour towards her set the scene for broader society. Despite the fact that accessible facilities are now in several public spaces, people in society hardly ever perceive the spatial needs of disabled members. The general lack of experience of disabled people's needs in public spaces magnifies longstanding problems. Matthews and Vujakovic (1995:1070) note that although there is a recognition of the difficulties of the disabled population in most societies, *'none seems to have made significant progress in integrating them across a full range of social goals'*. Consequently, non-disabled people's understanding of accessibility changes relatively little. Conversely, if society experiences the use of the built environment by disabled people as part of daily life, this will undoubtedly create positive reactions as well as deeper knowledge of the needs of disabled counterparts. It will then be physical barriers that are excluded from the public built environment rather than people with impairments.

8.3 Coping with disabling environments: body as agent

Peters *et al.* (2009:548) comment on the social model that requires understanding of the disabled bodies' experiences:

[I]n this way the disabled body 'becomes a metaphor for culture, where culture is created from whole body experiences and the disabled body is the interactive force for cultural identity and change'.

Using different strategies, disabled people seek ways to complete day-to-day activities within the disabling environment. That could mean being in a place where they are treated as different or inferior, or mean steps at a building entrance, uneven pavements, or an absence of accessible transport or lifts. Tum spends much time out of her house. She normally travels to work in the office, visits disability cases in different places around Bangkok, and eats out in shopping malls or the market near her village. In the home, Tum is able to manage most daily activities independently, albeit requiring some support from her neighbours. By contrast, when going out and about in public spaces, it is social reactions that seem to present a greater challenge to her opportunities for living as an equal within wider society. Living with impairments in inaccessible environments, Tum opts to adapt herself. On the one hand, she adjusts the way she interacts with physical facilities. On the other, she also tries to adjust her mindset to overcome disabling social attitudes and built environments.

8.3.1 Adapting the environmental behaviour pattern

Circulating in public spaces where toilets that are accessible are either inadequate or often altogether absent not only creates physical constraints, it seems to violate rights of citizenship. Public toilets can be those for general public users (i.e. built by the state) and those that are provided for clients and customers (i.e. provided by private sector organisations such as shopping centres or petrol stations). There are also some in other 'public' places like the *Wat* (Buddhist temple). By law, the Ministerial Regulations on Accessible Facilities in Public Buildings 2005, Section 7, Item 20 (Thailand Government Gazette, 2005:12), states that buildings which open to the public and with an area of more than 300 square metres, including petrol stations, must provide at least one accessible toilet for disabled persons and the elderly. However, in the final Section it is

stated that these regulations will affect only buildings built after this regulation is brought into law (from 2005 onward). Because of this, there are still a considerable number of public buildings that do not provide an accessible toilet. Preliminary discussions with research participants showed that, in many cases, those accessible toilets that are available are often misused. This results from the fact that such facilities tend to be larger than standard toilets. Accessible toilets are sometimes locked to prevent them *“from being occupied by homeless people”*. They are also misused as a *“storage room, or used for sexual or drug purposes”*.

The absence of accessible toilets can create significant deterioration in health. To avoid embarrassment caused by losing control of bodily functions, such as excretion in public, Tum always limits her liquid and food consumption, in particular by drinking less water. Although hot and spicy dishes, which can be easily found in street markets, are her favourite food, it is better not to eat these in a public place. Tum explained to the food seller: *“that’s a problem with my stomach. [turns back to look at the toilet]. Seems the toilet here is not useable.”* As a result, on a day off, Tum opts to have a meal in a routine place where accessible toilets are available, such as in the shopping mall. In urban Bangkok, vibrant food shops and street food markets sell food at affordable prices as a way of *‘feeding a big city’* (Tepwongsirirat, 2007:8). However, in such places, the toilets for disabled customers are mostly nonexistent. In some places, although a toilet is provided, the type of toilet is one that requires squatting (see Figure 8.7). Consequently, choices of pleasurable activities in public spaces are constrained for people with mobility difficulties.



Figure 8.7 An example of a toilet requiring squatting, which can be found in many public places

Arguably, the use of toilets is not just a personal hygiene problem. The absence of accessible toilets for disabled people can also be seen as a mirror of social attitudes towards being disabled. Inaccessible public toilets limit spatial behaviour, so that disabled people are obliged to make their daily spatial routines around places where they can be assured of available accessible toilets. As a result, this deprives disabled individuals of both health and dignity. As Kitchin and Law (2001) highlight, inadequate public disabled toilets are related to rights of citizenship and social justice. Inaccessible toilets in public spaces can be seen as *'the socio-spatial processes that regulate and exclude disabled people from the everyday spatial arena'* (Kitchin and Law, 2001:288). Disabled people have a constrained pattern of spatial behaviour, and eventually are trapped within the range of their homes (ibid.:295).

What is more, as food consumption is connected with excretion, Tum tries to avoid having breakfast before leaving the house. One reason is that it reduces the time spent on the personal routine in the rush of the morning. Another reason is that there is a lack of accessible toilets on the way to the office. She explained: *"I often have a brunch at the office instead. Now I don't feel hungry in the morning at all"*.

Adapting one's behaviour pattern in response to the environment can be seen as a pivotal strategy used by disabled people trying to cope with inadequate, absent, and unreliable public facilities and services. Changing consumption behaviour to control the need to use a toilet potentially leads to health risks. The lack of accessible facilities suitable for basic daily activities is circumscribing and excludes the socio-spatial experiences of disabled people. Anderson and Kitchin (2000:1167) further develop this point: the absence of accessible toilets for disabled people segregates the spatial spheres of disabled people by implicitly marginalising them in public and private spaces because those toilets are designed and built without disabled people in mind. Therefore, it is vital that the design and building processes take into account the difficulties experienced by disabled individuals throughout the course of the activities of daily life.

8.3.2 Planning ahead

Apart from routine journeys from home to the workplace, Tum always plans ahead for almost every trip. This begins by thinking about the mode of transport that is accessible to her, to the most practical route for a journey (e.g. that with the least number of times she will be required to shift from the wheelchair or to be carried). Of paramount importance is what is most affordable. One day, we made a trip for a home visit with an older woman who had had a stroke in an informal settlement. This task was part of Tum's responsibilities to her organisation. The house of the person visited is 50 kilometres to the south of Tum's home.

For this example, Tum wished to demonstrate to me how she makes a journey by public transport. The appointment with Ladda⁵⁹ was scheduled to take place at her house at two o'clock in the afternoon, but Tum suggested we should leave at around half past ten in the morning. Transport rarely meets the mobility needs of wheelchair users, starting from the lack of even pavements, high kerbs on the footpath, elevated bus floors, to the only entrance of the building being by a flight of steps with no

⁵⁹ Having an appointment with this person with a mobility difficulty has a connection with the engagement role of the author. I met with Ladda by chance during a visit to one informal settlement. Ladda raised a concern that her monthly allowance was being interfered with by a state officer. I reported this issue to the disabled people's network and the issue was taken more seriously when the Minister of Social Development and Human Security became involved. I followed up this case a year later. Then Tum also wanted to make a visit to take this case as a project concerned with independent living.

accompanying ramp or lift. On this day, we planned to travel in a group of three, because Tum anticipated that she might need someone to carry her wheelchair up onto the bus or into Ladda's house. As the cost of a taxi service would be high for such a distance, it was important to make a plan for the whole trip. This was to catch a taxi to go to the nearest express train station, and get off at the train station to catch a bus. There was only one bus service which would pass our destination. However, as few of the elevated train stations provide a lift for wheelchair users, we could only choose a station where there is a lift and which also has a bus stop. We shared a meal before departing from Tum's place when the conversation focused on the availability of accessible transport. This created concerns for the wheelchair traveller about how to manage the trip.

"We could drop off the Sky Train at Siam Centre station, where I hope I can get off the station by the lift in a building there [...] is there a bus that stops directly by her house? [...] are you sure you can manage to lift me up to the bus? [...] some buses are quite high we may need more men to support me at the back..."

Once we finished the meal, the first mode of transport was to walk along the street to call a taxi. We waited for a taxi for 15 minutes until the third available driver agreed to take us.

Selecting the right type of wheelchair is also essential prior to each trip. Tum switches between two types of wheelchair: manual and electric. Therefore it is important to know the route and ways to make a journey in advance, so that the battery of the powered chair will be recharged beforehand in order to be functional throughout the activities of the day. Although that day we travelled by bus, so Tum would need to be carried, and an electrically powered wheelchair can create difficulties in this respect, it is nevertheless more convenient for traversing long distances. Another important item which she needed to take with her was an elastic hook. This was used to secure the boot of the taxi when putting her wheelchair inside. This gadget is crucial when taking a taxi because *"the driver wants to close his boot properly, otherwise the cover will open up while driving. They [the driver] don't allow taking the wheelchair inside the rear seat area as it will damage their upholstery"*. It is understandable that a taxi driver should give such a reason. When asked about refusing to take a passenger with a wheelchair, one taxi

driver replied: *"this is a rented car, if any damage occurs I will be charged a lot. I couldn't afford to own my own car."*

However, not every trip can be so well planned. Unpredictable situations coupled with inadequate facilities that are not useable by disabled people significantly threaten personal security. On some occasions, Tum had been wrapped up with her responsibilities at work and it became difficult for her to manage everything on her own. One night, she prepared for a trip to Japan and found that she was missing something. She walked out and called a taxi by the road to the nearest superstore around nine o'clock in the evening. After she had made her purchase, it was raining heavily and the stores had shut up for the night. Tum recounted:

"Everyone wanted a taxi. I waited with a security guard until midnight. Then a taxi come and said 'it just because I feel pity for you'. Then he asked if my village is flooding. I said 'please give me a lift, I already got in your car and it's very late'."

Being in a private car with a strange man late at night is an uneasy circumstance for a woman who uses a wheelchair. Hence, personal tact is a helpful strategy, as Tum described it: *"it was scary to be in his car that night. When we arrived at my house, he asked who I lived with. I said I live with my dad."* Planning and managing our lives may seem to be an everyday responsibility we all share. However, for wheelchair users, whose mobility difficulty is reinforced by inaccessible facilities and dependence on others, a mistake made in planning a trip can lead to greater fear and internalised negative life experiences. As Tum said: *"I will never do it again. Taking a taxi after midnight was crazy. These days if I have to stay somewhere late, I will sleep in that place"*.

8.3.3 Educating the public

When navigating around public places, disabled people often face being stared at or suffering embarrassment when negotiating inaccessible spaces. Acknowledging disability issues with others can be a strategy for coping with such unfriendly circumstances. Having conversations with others in public can be seen as a means used by disabled people to *'educate the public'* (Cahill and Eggleston, 1995:685).

Communicating with non-disabled people effectively alters disabled people from passive objects into active agents.

When disabled people are encountered in the public sphere, they are often categorised in terms of the social 'norms' as strangers (Imrie, 2001). The undesirable and unacceptable public reaction faced by disabled people has a significant relationship with the (re)production of the cultural encoding of the city. The modernised city, for Imrie (ibid.:233) tends to welcome independent bodies with health, fitness and youth, while deviant individuals have often been regarded as '*abject things*', '*objects of disdain*' and at a danger of being distanced from society, so that a disabled body is a stranger in the city. So, making a journey in public places can be a means of gaining acknowledgement of disabled people's existence and requirements within society.

During her journeys, Tum often has conversations with others. A story about informing the public about the needs of disabled people emerged while we were taking a bus. Once, she travelled with five other friends (wheelchair users) on the bus service. The bus stopped for a few minutes until the six passengers in wheelchairs had been lifted in by people passing by the bus stop. "*A passenger said 'why do you come out, it is so difficult, you shouldn't do this'*", Tum recounted. The bus ticket collector was also curious about their presence and offered her a free ticket. This is how Tum replied:

"I immediately started a long explanation and spoke out loud. We normally want to go out more often, but these buses are unusable. We need a bus that we can get on, not a free ride [...] she replied 'ah...okay, I'll count how many of you' [...] those people on the bus smiled with me."

Such public reactions to disabled people can be understood as spontaneous or unthinking behaviour that has a connection which Edwards and Imrie (2003:249) point out '*fails to recognise its own partiality*'. The conversation above not only aims to acknowledge the actual needs of disabled people, but is deliberately intended to change the public attitude towards disabled people. Tum continued:

"[...] in general people often think that we are pitiable, and need help. Thus we must make it more positive. I'd like to be in the public more often if I can."

Being with a wheelchair user provides insight into the ways disabled people interact with built environments. It also increases understanding of the strategies through which they can acquire social capital. The evidence above helps in understanding the key role of such communication between disabled and non-disabled people. The more disabled people appear in public, the greater the number of impaired bodies using the built environment; their impact keeps expanding. Once disabled people are able to use these facilities, the enabling built environment can further stimulate positive perceptions of disabled people *'and more positive attitudes should encourage more positive physical planning'* (Butler and Bowlby, 1997:412).

8.3.4 Positive thinking, talking, and laughing

When leaving the house, the foremost disabling process experienced by an individual is attention such as a gaze, stare, or unwelcome conversation. Having conversations in the course of travelling in public places can be a method of alleviating these passive uncomfortable feelings experienced by disabled people. When exposing their bodies in the public arena, wheelchair users are often faced with different uninvited behaviour, from explicit curiosity in children to the implicit concept of *'civil inattention'* in adulthood, as described by Cahill and Eggleston(1995:684) drawing on Goffman. This is a glance followed by the immediate withdrawal of visual attention. Consequently, a wheelchair user often falls into an awkward situation. Even though Tum manages to carry out activities in public places alone, being frequently stared at lessens her confidence. She said: *"Though there're always some difficulties, getting out together in a group [with others in wheelchairs] is so much fun. It's not only me bearing with the embarrassment."* She attempts to spend some time in public space so that *"disabled people won't be forgotten"*.

When going out and about with Tum in public, there was a great deal of lively conversation along the trip. Tum frequently shares her experiences in coping with disabling barriers. Many techniques are used to overcome and negotiate with the social and physical struggles that emerged when we revisited similar situations in public places. When explaining the way a disabled individual handles those circumstances, she provides an alternative perspective on the emotion and feeling behind an individual's strategy. Disabled people do not necessarily feel oppressed or react

aggressively when faced with disapproving encounters. Furthermore, methods of acquiring social value can be provided through these events in public built environments.

For instance, when Tum encountered the inconvenient service of the express train system, she repeatedly raised the example of using the train system in Japan. In the majority of cases, laughter was provoked when the qualities of the design and service failed to meet the wheelchair user's requirements. One day while we were commuting on the train, the story of an impractical lift service emerged. The lift to the elevated train platform had been installed in the middle of the road and its entry ramp pointed directly into the traffic. Tum was chuckling while telling the story:

"when leaving the lift, we bent our body backward while trying to brake our wheels on the ramp. The ramp was so steep. The builder maybe wanted us to speedily slide fast enough to cross the road, so that those fast cars can't hit us [laughter]."

Likewise, when she found that another lift service was seldom operated for disabled customers, *"[she asked to take a picture] it will be a good shot. This lift has hardly been used for a long time, look! Those ants are building their nests on the door [laughter]"*. When using the public transport service, the disabled traveller is regularly requested to display their registered card. For Tum this is a symbolic way of reinforcing a disabled identity, but she responded with a smile, pointing at her wheelchair: *"is this not disabled enough for you?"* While waiting to use the lift with the train's security guard, there was a sign which read *'Passengers who prefer to use an elevator, please contact station staff or tel. [phone number] (during daily service hours). We apologise for the inconvenience caused.'* Tum responded: *"what if I don't have my mobile with me? No problem, I've waited throughout my life anyway [laughter]."* Similarly when struggling with getting on and off the bus with a high floor, she made a joke of it: *"next time, I'll carry a plank with me to cross over onto the bus [laughter]"*.

Having a sense of humour and laughing when struggling is discussed in Macpherson (2007) as the landscape of laughter of blind people. Laughter is analysed as an act of condemnation or reflection when comfort is threatened as well as helping to alleviate pain. Disabled people use laughter to *'redefine a seemingly tragic situation into something*

amusing' (ibid.:203). Furthermore, defining the situation as laughable also eases the individual's '*dis-ease*' about their situation (Cahill and Eggleston, 1994:303).

Disabled people's sense of humour is not only a means to manage difficult encounters in public. It also serves as a tool to lighten the stress and anxiety of the people who accompany them. One example occurred while we were exhaustedly trying to reach a train platform, experiencing a long wait for staff assistance. When the lift opened, Tum imitated the voice of a recorded woman's announcement: "*door's opening.... door's closing... second floor... thank you [smile]*". The people around her giggled. Humour perhaps is the most effective strategy that wheelchair users can employ to cope with serious situations and thereby lessen potentially embarrassing concerns about them. Laughter and humour are also means of allaying anxiety. In uncomfortable circumstances, laughter and a sense of humour expressed in public places often have the double effect of managing both their own and others' emotions (Cahill and Eggleston, 1994:302-303).

The absence of accessible facilities for disabled people damages their opportunity of having a public social life. Thus far, most able-bodied people seldom have direct experience with their disabled counterparts. The most common reaction to disabled people by the public is an unconscious reaction such as staring or gazing. One way the disabled person can cope with this unwelcome public reaction is to pretend not to notice and continue the conversation. For instance, when travelling by train, Tum was able to sit in her wheelchair without being transferred. Therefore, her appearance caught the eye of other passengers. At every stop, the newcomers in the cabin avoided a direct gaze by making a rapid glance before moving their eyes away. The trip took about 40 minutes, and stories about her life were continuously recounted, from her childhood through to her future life plans. Such conversation seems helpful in providing a way to ignore those uninvited public reactions, though the numbers of people in the train increased, resulting in more eyes on her and her wheelchair, and to a certain extent she responded, "*..... [silent]*". Although '*tactful blindness*' (Goffman cited in Cahill and Eggleston, 1994:303) served well in coping with the stares, wheelchair users often do not find it easy to ignore such '*uncivil attention*'.

It is clear that in this case a wheelchair user was overcoming a passive and powerless position while managing or removing obstacles. Disabled people face difficulties with the challenge of concealing their emotions in public. It is crucial for much emotional preparation to be invested in maintaining their resistance without getting angry. Otherwise, it potentially creates risks which can lead to embarrassment (Cahill and Eggleston, 1994:305). Nonetheless, the use of a sense of humour and laughter as a means to cope with difficulties requires careful consideration. It depends on the different personalities of individuals. In the majority of cases when accompanying a wheelchair user, being able to laugh about their struggles depended on the personality of the particular individual. These stories grew more salient as a relevant issue as the author reviewed and reconsidered information from the voice recordings and photographs gathered during field observation. This evidence provides useful thoughts about the body as an agent that produces and reproduces social interaction as a way of achieving an improved position in society. In addition, the adaptation of patterns of behaviour in the public sphere through these strategies can be seen as a resistance tactic used by impaired people to counter the notion of deviation created through the social process. Disabled people do not always passively accept their exclusion from public space, but consciously manipulate the '*act of resistance*', so as to deny and manage the negative responses attached to their corporeality (Allen, 2004b:723).

In summary, the experience of an impaired body interacting with the built environment can be interpreted as a reciprocal process of building one's knowledge of the self and the world out there. The disabled individual assigns the value of the self in responding to the social process. When the impaired body makes conclusions about its value for interacting with the outside world, it simultaneously internalises notions about itself. In this case, the way Tum is able to manage her residential space to live independently raises her self-confidence about her abilities. This value then underpins her strategy for coping with the socially constructed physical and attitudinal environments. The strategy for overcoming those difficulties in the public realm is related to the meaning that Tum assigns, in particular to the way disabled people interact with the built environment: this value is another way of acquiring capital. Such practices consist of adapting behaviour patterns, planning ahead for daily activities,

communicating with the public, as well the way of responding to and preparing mentally for public encounters. Those elements are accomplished reciprocally between the impaired body and the concrete and abstract social creations, such as built environments and public attitudes towards disabled people.

The discussion above is described in the following figure.

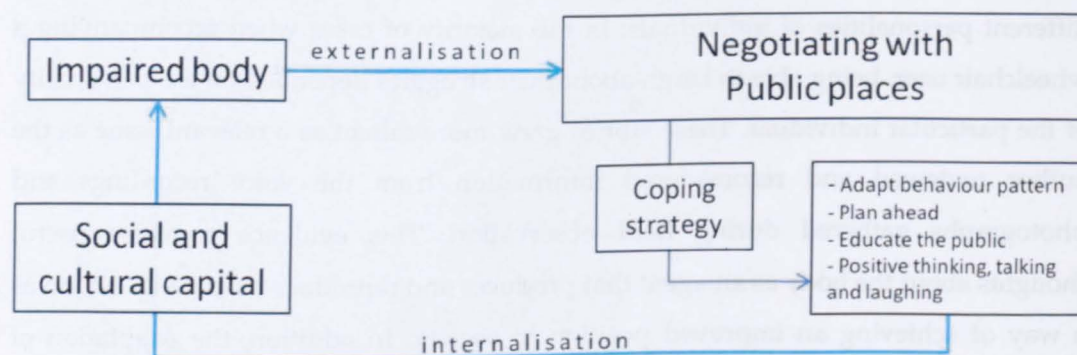


Figure 8.8 A cycle of effects between spatial practices of the impaired body and socio-cultural capital gained

Source: Sawadsri (Forthcoming)

8.4 Humanity is in the details: having disabled people in mind

This section explores a physical barrier which was seen as a minor story, but which can create greater struggles in the lives of people with impaired bodies. By accompanying a wheelchair user while she performed daily activities, I learned many stories that emerged naturally in different places and the information often diverged from that given in the interview. Some accounts related to small obstacles faced on a daily basis by people with mobility impairment are already familiar. However, when spending even at a short time with a wheelchair user, several trivial accounts unexpectedly produced more significant results. In this sense, either the devil or god is in the details of the design and building of public facilities, which then result in either problematic or perfect outcomes. The creation of accessible facilities for disabled people as human beings is important.

The notion that disabled people are a minority section of the population, in terms of both numbers and their political power in society (Duckett, 1998:627) influences the ways in which society reacts to injustices with respect to how their environmental needs are met. This section aims to reveal that a small amount of fairness in the treatment of disabled people's needs for access facilities enormously affects disabled people's empowerment and equality of citizenship.

8.4.1 A little error that left greater problems

During our trips together, Tum regularly pointed to small obstacles in the physical environment which able-bodied people may not notice. One evening, we were leaving her office to catch a train because the office minibus was broken. The condition of the *Soi*⁶⁰ was narrow with inadequate street lighting. Tum paused and pointed out one fissure in the pavement. This was a gap between two plates of concrete of approximately three to five centimetres in length and two centimetres in depth (Figure 8.9 on the left). As she regularly carries a laptop computer with her and puts it on her lap for security reasons, the uneven pavement can represent a potential disaster.

"This small gap is dangerous, these two wheels [the small front wheels] can easily get stuck. Once, it stopped my chair suddenly and all of my stuff fell and dispersed on the floor."



Figure 8.9 During a walk from Tum's office to an elevated-train station

(Left) the front wheels stuck on a small gap in the pavement (right) there were no street lights and the footpaths were full of obstacles

⁶⁰ 'Soi' refers to a narrow street where pedestrians and vehicles often share the use of the pavement.

This account shows that a seemingly trivial detail resulting from the surfacing design and built without the requirements of different people in mind creates physical and psychological difficulties for the impaired body. The greater the number of hindrances encountered, the greater the likelihood that wheelchair users will be confined to more manageable and safe locations; eventually this situation tends to exclude disabled people from their society.

Along the way to the train station, there was very little space left for those traversing the footpath as it was full of obstacles such as street lamp poles, bags of garbage (Figure 8.9 on the right), and there was an absence of dropped kerbs. Hence, Tum was forced to share the route with other vehicles on the road such as speedy motorbikes, cars, vans, *Tuk-tuk* [auto rickshaw], and so on (Figure 8.10). Clearly, the neglect of the needs of wheelchair users on the footpath left the impaired body facing the risk of injury and threats to personal comfort. In this instance, the street was designed and built to serve mainly vehicles rather than those who travel either on foot or on wheels. The social arrangement of the space influences the relationship of an individual to the space moved through and how secure it feels. In car-dominated spaces, physically impaired individuals *'will feel excluded, marginalised and insecure, and be at greater risk of injury in public transport space'* (Freund, 2001:698).



Figure 8.10 Sharing the road with other vehicles

It is essential to recognise the built environment requirements of disabled people in the design and building process. Working with impaired-bodied participants who are experts about their spatial needs can fill in the gaps. Seemingly trivial encounters with

obstacles can be lead to solutions: the small front wheels of wheelchair have a diameter of approximately 15 centimetres, so they can be brought to a halt by a little gap in the pavement. The Bill of Access to Standard Facilities for Disabled Persons (B.E.2544) (Thailand Government Gazette, 2001, Section 4 :52) specified that the footpath must be at least 1.20 metres wide, with an even pavement and free of obstacles. However, the majority of cases of uneven pavements are the results of inefficient footpath construction, maintenance, and usage. The failure of the state authority and general public to maintain the pavement in a good condition creates greater barriers such as the roots of trees, small fissures in the surface, steel gratings used as duct covers, or even dog faeces (Kulachon and Dankittikul, 2005:87).

By contrast, the new modes of transport such as the state-owned subway train system (MRT),⁶¹ seem to have the capacity to maintain the condition of the construction as 'standard'. The pavements along the path in the train system were graded and paved with granite finishing (Figure 8.11).⁶²

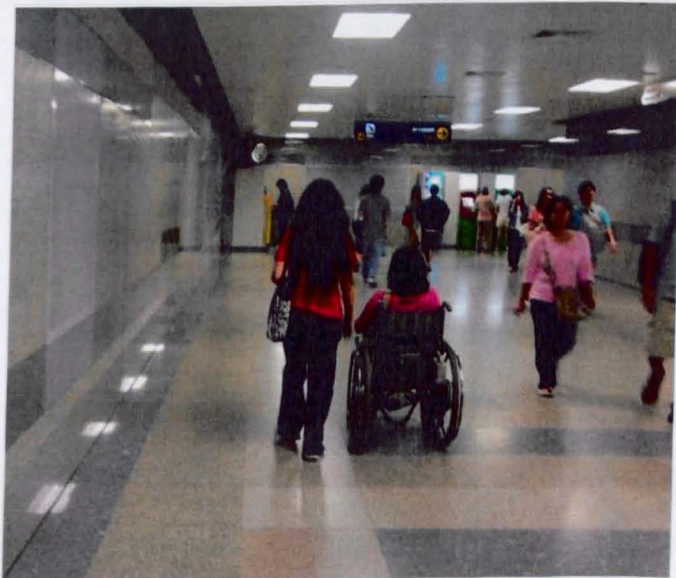


Figure 8.11 An example of a smooth pavement over which a wheelchair can move with ease

Although this material was used in accordance with fire safety guidelines, it also facilitates the use of wheelchairs. Such wheelchair-friendly design enables the impaired

⁶¹ MRT stands for Mass Rapid Transport system. Source: http://www.mrta.co.th/eng/about_mrta.htm

⁶² Source: http://www.mrta.co.th/news/other/safety_fire.htm

body to internalise a sense of equality, as Tum expressed while wheeling in the train station: *"this path is cool, like we are walking really together"*.

8.4.2 Ignorance: a creator of mobility impaired bodies

We have observed various scenarios where the disabled body found the unfriendly built environment to be a key impediment to using public space. Hence, in many cases, the individual tends to confine themselves to friendlier spaces, such as routine routes for travel, or otherwise stays at home. Consequently, there is a reduced presence of disabled bodies in public and less awareness in the general public about the existence of their disabled peers. Accessible features are often inaccessible to the people who need to use them. For instance, ramps on the footpath kerb are often obstructed by both intentional and unintentional barriers. In a shopping complex, Tum was impeded by a barrier which had been placed on top of a slope (see Figure 8.12 below).



Figure 8.12 Tum was stopped by a barrier which was placed over a slope

I removed this barrier and put it by the side of the ramp, and Tum wheeled her chair downward. The security guard came and immediately put it back on the ramp again. When asked why, he replied: *"to prohibit drivers who park and wait for their companions, it caused a traffic problem"*. His reaction would be 'normal' in a social world where there were no bodies with impairments. Such negligence by both the general public and service providers continuously reminds and reinforces the wheelchair user's sense of bodily impairment.

8.4.3 Oppression by design

"I feel like I'm a thing that is being carried"

The above words were spoken by Tum while we were negotiating unfriendly and inaccessible facilities in public places. This was connected with an incident that happened when using the elevated train which had no lift service. The feelings of segregation and alienation experienced by disabled people have not merely been embedded in the inaccessible built environment, but in the social concept of impaired bodies. The concept of '*dys-appearing*' (Allen, 2004a:491; Imrie, 2001:234) bodies in space, based on disabled people's deviation from biomedical norms with regard to functional and aesthetic attributes is leading disabled people '*to feel less than human*' and to make a conscious decision to withdraw from public places.

There are 19 out of a total of 25 Sky Train platforms *without* lifts for wheelchair clients. When using the train stations without a lift, Tum regularly held on to the grab rail of the escalator. In some cases, Tum was carried by security guards up long flight of stairs. This situation affected her both externally and internally. There is a danger to health and risk of injury because of the lack of experienced assistants such as might be provided by security guards. Even though the head of the station reassured her that "*they were all trained to help disabled people*", when Tum had to be carried twice in one station, the staff spent some time reacting awkwardly to their wheelchair client. Such awkward moments and the reluctant manner of service providers led to Tum feeling that:

"it was so scary, my life was in their hands. They couldn't agree who should be in which positions, going forward or backward. I must contract my body and act as if indifferent...so tiring."



Figure 8.13 Being carried up and down by security guards over long flights of stairs

Throughout this operation of being lifted up and down the stairs, the attention of passers-by was aroused. Whether they were staring with sympathetic concern or curiosity, such uninvited reactions were internalising an acknowledgment of the self. Allen (2004a:491) draws on Patterson and Hughes concerning the concept of ‘*dys-appearance*’ of the impaired body, that

‘is not biological, but social. [...] when one is confronted by social and physical inaccessibility, one is simultaneously confronted by oneself; the external and the internal collide in a moment of simultaneous recognition.’

The strategy used by disabled people for negotiating with inaccessible facilities seems framed to conceal anxiety about their reduced mobility and bodily control; as Allen (ibid.) put it, it is a technique that seeks to avoid the discriminatory gaze.

There are some platforms with lift services for wheelchair users, but they are installed separately, away from the main entrances. As there is a fee exemption for disabled customers who use the station where the lift is provided, the lift is placed beyond the ticket hall. Thus, we were split into different routes when we used a Sky Train platform. I went up by escalator to reach the ticket machine and access via the main entrance. However, Tum went to a lift which was situated at the back of the entrance hall, which led directly to the train platform. This segregated configuration of the platform resulted in limiting her personal experience. As she said: “*I’ve never known*

how to buy the tickets [from the vending machine]". Such a segregating concept rooted in design and construction is linked to notions of what Hasting and Thomas (2005:532) say constitutes *'appropriate bodies'* in any given space, and renders accessible space a no-go area for a certain group in the population.

Furthermore, the creation of segregationist design and inaccessible environments conveys a message of oppression, since, as Kitchin (1998:351) terms it: *'you are different'* and *'out of place'*. Clearly, the built environment which divides people up merely according to their different capacities for movement significantly constitutes disabled bodily oppression, in addition to excluding them from their social public sphere. Furthermore, it is a repetitive reminder, as Tum expressed it: *"I wish I could be a non-disabled person. I want to know what it would be like."* In summary, social space should not merely consider the needs of able bodies of average size and shape or health, but the range of various bodily capacities. The social process is inevitably a key element that produces and reproduces oppression to impaired bodies. Gleeson (1996:394) suggests that the socio-spatial needs of disabled people must be seen as *'coextensive with the whole human landscape which produces and transforms the general structures that oppress and devalue impaired people'*.

8.4.4 Taking disabled people into consideration

In contrast to such discussions above, built environments which are designed with disability or disabled people in mind not only alleviate mobility constraints, but also intuitively empower them by their recognition of disabled people as members of their society. One example is a ramp provided at the main entrance to a hotel (Figure 8.14). It was not only helpful for transporting hotel customers' luggage. It also meant that wheelchair users could access the building from the same entrance as able-bodied people. A building with multiple means of access is friendly for all visitors as well as reducing the amount of assistance needed. Once when Tum was going into the hotel for a meeting, the hotel attendant gently pushed his customer's wheelchair up the ramp. Tum said: *"he might want to help his customer, that's fine. But I don't feel as burdensome. He didn't have to carry me. This ramp helps both of us."*



Figure 8.14 A member of the hotel staff helps his client to pass over the ramp

Likewise, the newest Sky Train platform (Wongwian-yai Station)⁶³ has a lift for wheelchair users installed in the main entrance hall. Hence, every passenger can access the platform from the same direction. This inclusive design facilitated Tum's opportunity of dropping by the shops when she wished.

The conversation between us could continue throughout the course of passing through this train station. Due to sharing the same entry with other passengers, the wheelchair user felt at ease without interference from well-intended services. In addition, the wheelchair passenger gained independence without needing any security guard to walk and guide her from behind.

Tum: "This station is very convenient, no one bothers me. Indeed, I'm the same person as at other stations, but feel totally different."

Norn [as an assistant]: "You're right, I was also nervous too, while being here is a lot more relaxed."

⁶³ This elevated train station 'Sky Train or BTS' was designed and built after the Rehabilitation Act 1991, so that it was required to provide a lift for wheelchair users within the design. Therefore, the lift was installed in the same position at the main entrance. **Source:** Thailand Government Gazette in National Office for Empowerment of Persons with Disabilities, (2006) *Rehabilitation Act for Persons with Disabilities 1991* [Online]. Available at: http://www.nep.go.th/uploads/files/r02_01.pdf (Accessed: June 2006).

Both scenarios, using the platforms of the Sky Train service in two different stations (in 8.4.3 and 8.4.4) show how the built environment can play a key role in either excluding or including disabled people in their society. In the first instance, the location of the lift separated the passengers, as it was installed beyond the main entrance. However, in a later scenario, the lift was installed in the same position as the main entrance, so that the disabled user was able to share the spatial experience with non-disabled passengers. Nevertheless, a disability reinforcement element is embedded in such services because of a mindset based on segregation. We saw this in the way in which the train staff requested Tum to display her disability identification. This card identified its holder as a *'valid disabled individual'*, based on medical expertise. For Pierre Bourdieu (quoted in Edwards and Imrie, 2003:248) *'symbolic power works partly through the control of other people's bodies'*. The internalisation of a feeling of inferiority is related to medical discourse because of the ways in which the medical profession define what Edwards and Imrie (ibid.) term the *'legitimate body'*. When bodies with defined meanings confront physical construction created by segregationist attitudes, let alone different spatial requirements, in the design and building process these are included in the dynamic socio-spatial disabling process. Indeed, this dynamic gradually further excludes disabled members from their society.

Realising one's place

In this chapter, we have seen various accounts of the impaired body's experiences of discomfort as a consequence of the ways in which society fails to recognise the existence of disabled people. Navigating through unfriendly built environments, Tum often uses enormous an amount of energy and this affects her health. It is important to recognise that the difficulties in the lives of disabled people are not only as a result of inaccessible built environments, but are also connected with the impaired body. However it also is important to note that the impairment is simply an individual bodily capacity and functional condition. This is not to say that disability is merely a consequence of the impaired body, but rather that it also results from engagement with socially imposed constraints.

A spine that curves backwards slightly requires Tum to position her back properly in the wheelchair, and also to contract her body while wheeling on uneven pavements.

She described it thus: *“my back is a little bit bent, I need to hold it firmly, and those rough surfaces make me exhausted”*. Also, living with a back which is not quite straight affects her respiratory system. When undertaking public travel, if she is transferred or lifted off and into her wheelchair several times, such movements make it difficult to breathe properly. In addition, the bio-body, sitting in the same position for long period, does not simply become fatigued but also possibly develops pressure sores. Even though more wheelchair users are working in offices with regular office tasks and hours, it is essential to provide them with a space for lying down during the working period. *“It is important for us, we need to rest the back and bottom”*. The resting spot can be a typical bed placed in a semi-private area. It is crucial to include awareness of human needs into the details of the design process.

The majority of built environment design and construction projects pay little attention to the diversity of bodies and capacities. Workplaces, in most cases, are created in accordance with the norm, oriented around able bodies and healthy workers, so that a resting space may be seen as an incompatible element. The work of Saeki *et al.* (2001:304) reveals that the absence of a space required by a mobility-impaired worker significantly affects their opportunity to live an equal life. They reveal how:

[...] he [the subject] was employed as an office clerk accountant... his working condition and environments were enough for his job. However, scoliosis of the spine gradually progressed because of the sedentary work of accounting on a wheelchair all day. [...] three years after his employment, he felt very intense generalized fatigue, which was worse in the afternoon. He took a nap on a daily basis at his worksite. These symptoms progressed. At last he could not continue his job and resigned.

In Tum's office, there is a resting space provided at the rear of the working area. When needs in space are realised in this way, the disabled person appears as an agent in creating 'their places'. In addition this is a way of embodying impaired bodies in the built environment. To a certain extent the recognition of built environmental requirements of people with different mobility abilities in the design and building process can lead to the elimination of social exclusion.

8.5 Rethinking the disabling process

We have seen how the impaired body has interacted with the surrounding social and physical disabling elements. The following sections provide a consideration of how such disabling processes impact on disabled bodies and minds. How do such processes further circumscribe socio-spatial life experience for the individual with an impaired body?

8.5.1 'Nam-jai' and the recipient: a disabling culture?

Inaccessible built environments, in many aspects, construct a thin line between good intentions and equality. In Thai society, *Nam-jai* ['water-heart' or genuine generosity] and *Hen-jai* ['see the heart' or sympathy],⁶⁴ have long been seen as the most admired cultural values (Kitiyadisai, 2005:20). However, in contemporary culture, where the perception of helping others and sympathy have been gradually blended with globalised meanings (see further discussion in Kitiyadisai, 2005:19-20), the understanding of sympathy as related to the positive desire of helping one other and sharing life in society is seemingly transformed. Disabled people regularly receive help from others who are without impairments. For Cahill and Eggleston (1994:306), assistance qualifies as sympathetic when it is a culturally recognised expression 'even if not motivated by sincere 'fellow-feeling or sentiment'. Regardless of whether assistance to disabled people by the public was requested or not, if such a situation takes place in a built environment with a lack of accessible facilities, it potentially sets up an inequality between the non-disabled (the givers) and disabled people (the recipients). In many cases, disabled people perceive themselves and are perceived to be recipients and are thus seen as burdensome. Inaccessible features, coupled with positive intentions aroused within the public in response to disabled bodies, potentially create greater problems for the 'recipient'. For instance, a thoughtless reaction can lead to risk of injury, as experienced by Tum:

⁶⁴ Nam-jai means genuine kindness and generosity without expecting anything in return. This reflects the Buddhist teaching on kindness (Metta) and compassion (Karuna). On the other hand, hen-jai (see into the heart), which means understanding, sympathy and empathy, can be practically expressed by being willing to listen, being flexible and forgiving and accommodating towards one's fellow human beings in times of distress (Kitiyadisai, K., 2005 'Privacy Rights and Protection: Foreign Values in a Modern Thai Context', *Ethics and Information Technology*, 7, (1), pp. 17-26.

“once, in town, there was a stranger with good intentions who tried to help me while I was negotiating with a crack on the pavement. He pushed my chair from the back. It then suddenly tipped over. [...] not only was I hurt, but it was so embarrassing.”

However, in a time of cultural transition, the value of the conventional Thai culture of *Nam-jai* is being challenged. There is a decline in genuine generosity when responding to less advantaged people. For instance, Tum often expressed feelings of oppression about asking for assistance from the strangers in public settings. One day, we were approaching an elevated train station where there was again no lift service. Tum intended to demonstrate how she managed to reach the platform when she was alone. She waited at the end of the escalator and sought someone to inform the security guard at the top. *“Excuse me, can you please tell the guard that there is a disabled person who wants to use the Sky Train?”* The man who was walking on the stair paused and nodded his head. We waited for about five minutes, then Tum had another try: *“excuse me, please call the guard to help me to go up to the train”*. The woman stopped and nodded her head (Figure 8.15, Left). After some minutes, one security guard walked down. Since he knew that Tum needed to be carried up, he called for another member of staff. When that member of staff arrived, he said: *“what’s the matter... I’m starving. I’m gonna have a meal”*. As the station lacked facilities for wheelchair users, passengers such as Tum were infrequent. The reaction of the service provider, perhaps, represented the way they would deal with a complex circumstance. The situation of the security guard⁶⁵ was understandable in that, although *Nam-jai* or *Hen-jai* still persist, the organisation and management systems for dealing with inaccessible facilities can actually worsen the situation.

⁶⁵ On this day, we visited this train station with a camera. I was informed by the head of the security guard that it violates safety rules to take a wheelchair user on the escalator. The only way was to carry the disabled customer by the stairs. However, previously, staff who helped Tum had carried her in her wheelchair by the escalator. They did not want to get into trouble so that we had to use the stairs that day.



Figure 8.15 The sequence of movements when Tum was being lifted up onto the bus

(From left to right) planning how to negotiate with the stairs on the bus, requesting a stranger for assistance and being carried up onto the bus

Likewise, requesting help from total strangers internalises feelings of guilt and the sense of being a burden. A mode of transport that does not consider wheelchair use reinforces the oppression faced by the mobility impaired body. As the bus does not provide a low floor at the entrance doors, Tum needs to be carried up onto it by at least three people. The people who accompanied Tum reluctantly sought out passers-by to carry the wheelchair up onto the bus. One day, we managed to find two men in the vicinity of the bus stop who could help her get on the bus (Figure 8.16). As the traffic and people were in a hurry, requesting strangers to carry an electric wheelchair seemed a physical and psychological challenge. Tum reflected on this experience: *"I always feel guilty about bothering many people. If it's not necessary I try not to travel a lot."*

Nevertheless, from another angle, receiving assistance even without requesting it can produce an unequal relationship. For wheelchair users, the difficulties in moving their bodies and physical environments that are hostile to their mode of mobility *'leave them hopelessly dependent on others' sympathetic assistance'* (Cahill and Eggleston, 1994:306). This experience was observed when Tum was trying to use a wash basin in the shopping mall toilet. The counter was approximately 75 centimetres high and this made the water tap quite hard to reach. The press-type pillar tap was even more difficult to operate when it was almost out of reach. While Tum was awkwardly negotiating the sink, a woman pressed the tap for her. Tum said thank you to her (Figure 8.16, Right). The woman smiled back and left the room. The counter top was

designed to serve only those people of 'average' height, having a tap with a 'standard' reach and grip. The individual with a 'non-standard' height and reach involuntarily turned out to be a recipient of the sympathy or beneficence of others.



Figure 8.16 Tum interacting with strangers in public places

(Left) At the Sky Train station Tum is asking a lady to inform the security guard about assistance needed; (right) in the toilet in a shopping mall, a lady helps her to operate the tap

As Tum often says when she either receives or is offered various forms of assistance from total strangers in public *"it's not fun to be helped, even in minor ways. Bothering many people, I feel like a burden."* It brought her a sense of guilt as a result. For Cahill and Eggleston (1994:307), this feeling has a micro-political implication. As a price for completing their daily activities in public places, the wheelchair user as recipient is obliged to repay the giver with *'emotional commodities such as gratitude, deference and future sympathy'*. Transforming the public's reaction to disabled people appears to be a challenge that requires considerable investment of time. Nevertheless, Tynan (1997:9) argues that assistance can be seen as an unavoidable interaction throughout the course of human life, that a *'desire to help does not in any way degrade the person before them. All human beings require help at many moments in their lives'*. If we seek to remove physical barriers having much to do with more direct experiences, this potentially reduces the number of times disabled people are the recipients of assistance, both with or without requests.

When we see the experiences of a disabled person at a micro scale, in this case, at the individual level, the disabled subjects do not necessarily embrace disability values in the same way as does society. Devlieger and Albrecht (2000) note that disabled people may have perceptions about themselves which are different from mainstream ideas about disability. Society's feelings about disabled people have links with pity (or 'Songsaan' in Thai culture), but the disabled individual may not perceive such feelings in the same positive sense.

8.5.2 Stigma of the wheelchair symbol and absence of the body

One day, Tum, in her wheelchair, spoke to me while she was waiting for the embassy officer to process her visa application. The service counter in this visa bureau was about 1.3 metres high, which is above the visual level of a wheelchair user. Therefore Tum could not see the documents on the top of the counter from her position. She continued to wait next to that counter. It was only when the officer called the next customer for service that Tum realised that her document was completed. In returning, she said:

"Sorry to keep you waiting, I didn't know that she handed me this paper. I couldn't see it at all...that's why people usually think that those disabled people are dumb."

Sitting in a wheelchair, in a situation where there is an absence of accessible design, can reinforce the impression of a person who has lost both physical and mental capacity. As Smithers (1990:264) points out, one aspect of using a wheelchair is that it is referred to as a powerful visible "stigma symbol" that 'can confirm public perceptions of the social identities of the occupants with attendant belief of dependence and possible mental incompetence'. It would have been much easier for Tum if the counter clerk had stood up to speak with her client. Furthermore, it would be more comfortable for both if the counter bar had been designed and built for various levels that respond to the different heights of customers.

Another similar experience of being a 'nonperson' took place in a larger public space. This was at the train station. On one occasion, we were using the elevated train platform where the lift for disabled people is installed. However, the ticket counter

only has a single level, which is higher than eye level when sitting in a wheelchair or for someone who has lower height than 'average' (Figure 8.17).

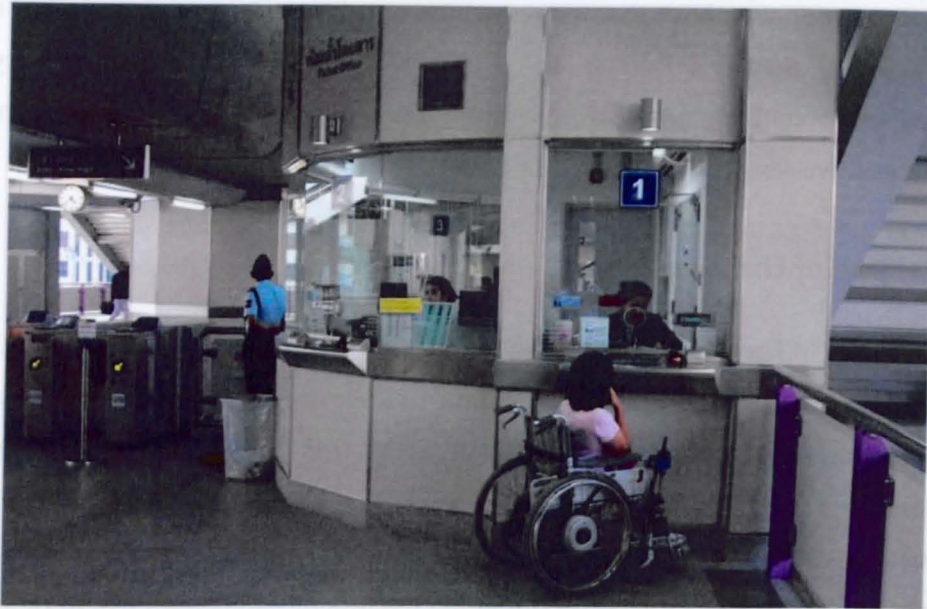


Figure 8.17 The ticket office with a single counter-level that creates difficulties for wheelchair-using customers

Such configurations emphasised that disabled bodies had been absent from the whole process, including design, construction and providing a service. After Tum had purchased her ticket,⁶⁶ she was supposed to use a different entrance from others, where a security guard would ask to see a disability ticket. Clearly, the lack of general awareness of disability and wheelchair usage is a pervasive problem which is a frequent irritant to many disabled people, through the ways the service ignores the existence of disabled people when carrying out everyday activities (Butler and Bowlby, 1997:428). The example above reveals how a minor error of design which has not considered the needs of disabled people effectively internalises individual oppression and social discrimination against them. Additionally, such a situation usually leads to the interpretation that the internalisation of the impaired body is connected with ignorance. Neglecting the existence of disabled bodies, for Imrie (2001:234), is related to the way disabled people's habitus is characterised by a conception of '*dys-appearing*

⁶⁶ Although this station provides a lift and a free ticket for wheelchair customers, they are nevertheless requested to prove their disabled identity.

bodies'. In other words, it is a notion that renders disabled people insignificant or 'absent'.

8.5.3 Socio-spatial barriers and self-exclusion

Ultimately, navigating in the public arena where there is a multitude of social and physical barriers leaves disabled people with costs in terms of time, energy, personal safety and human dignity. In day-to-day life, Tum requires considerable energy to travel, transfer, and get on and off her wheelchair. Her hard work starts when she transfers from her bed to the wheelchair, and from her wheelchair to the toilet seat, to the bathing seat, back to the wheelchair, to the car seat, to the wheelchair - and on and on, until she is back in bed again. Such energy is not simply employed in transferring from the wheelchair: negotiating with uneven pavements or being carried is also exhausting. As Tum said: *"there is really nothing that seems easy for me"*. It is undeniable that fatigue in impaired bodies is also related to illness: *"if I stay outside too long, I feel so exhausted. Can't breathe properly."* However, if the design and construction of the built environment deals carefully with various detailed requirements such as having transport that supports the wheelchair user without requiring them to be lifted or transferred, more even pavements, or graduating the different levels on the ground, these minor elements could considerably lessen the energy drained from people with mobility difficulties. Otherwise, those little obstacles, bit by bit, are continuously confining disabled people to their homes. As Tum described it after her long day: *"if there is not really a reason to, I try not to go out"*. These oppressive experiences have been (re)produced from time to time and not only increase one's physical difficulties, but also reduce one's experience in public life. Yau *et al.* (2004:956) point out that if the experience of travelling is negative, people may stop doing this. Thus, *'their overall enjoyment is diminished and their enthusiasm for future trips lessens'*.

8.6 Conclusion: flourishing human life in everyday places

[...] disabled women can build the strength and determination to continue to fight for spaces of everyday life in which differences such as disability are viewed 'not' as something to be 'corrected' and avoided, but as part of the spectrum of human experiences that enrich all of our journeys through life and society (Chouinard, 1999:155).

The experience of disabled bodies in built environments has been regarded by some as a particular account of a certain group of people. Within such views, this group is often taken as a marginalised one. In fact, the vulnerability and frailty of the body are a common experience in everyone's life course (Breckenridge and Vogler, 2001). In other words, an '*able-body*' is only a temporary situation within our lives. This way of understanding significantly increases determination about the concept of human flourishing as a basic human feature of all bodies, including impaired bodies.

Changing physical barriers to accessible facilities is a phenomenon in the interrelationship between bodies and the built environment. These two elements cannot be separately analysed. As Imrie (2003:64) highlights, bodies are inscribed in a variety of ways in the built environment, and '*they are conjured in their (mutual) production, meaning, and transformation*'. All day long Tum, is forced to keep actively thinking about the organisation of her journey through hostile environments. Although it seems there is less stress for routine activities, her experience in public places is limited. Such limitations are reinforced by both her physical and her mental struggles. Physically, she adapts her behavioural pattern, which affects her health. By performing day-to-day activities without taking breakfast, she takes a health risk. Psychologically, the need to put enormous concentration into planning for mobility, making a trip and time management considerably internalises her limited capacities. All such constraints have lessened and spoiled the time she spends on everyday activities, thus lessening the flourishing of human life.

It is true that impaired bodies accumulate social and cultural capital through practices in public built environments that deploy many strategies. In part, acquiring social and cultural capital is imposed by the inaccessible concrete spaces constructed within their community. The way disabled people are constructing their embodiment seems to be largely ignored almost as if they were in a parallel world, or cyber space. For Tum, most of her time is spent in the daily round, experiences that she performs in a routine built environment such as home, private transport, workplace, and other habitual public places that are accessible for her mode of mobility. However, she is also able to create a way of interacting with others: "*most of the time at home I am online*" and when asked about activities via internet, she replied "*chatting with friends, some of them are*

Nepalese or Japanese, or I meet people on a webboard". From time to time, we keep in touch through email conversations, mobile phone calls, as well as video conferencing (e.g. Skype⁶⁷). Although this information is not directly relevant to this account of the body-in-space, it can be seen as an alternative strategy for impaired bodies attempting to accumulate knowledge about embodiment with their community. Communication technology has the potential to act as an agency in creating accessibility in the built environment.

We have also learnt that the majority of the difficulties faced by one wheelchair user are the result of inaccessible environments rather than due to her impairment. It is important to explore the links between structural conditions and the individual's lived experience of the process of disablement. An impaired person is not disabled by her physical condition. By contrast, the disabling conditions of the built environments around the impaired body perpetuate or reproduce health deterioration and increase social exclusion. Furthermore, the built environment, which responds to heterogeneous human capacities, plays a crucial role in human life. Asch (1998) points out that realising that disability is caused by both physical and social environments is a key factor for an individual with impairment when deciding whether to live or die. An individual understands that their struggle in life is not about the inherent limits of their condition but is due rather to the society that creates these limits. Therefore

people may still choose to end life-sustaining treatments or to forgo extensive rehabilitation rather than undergo life in a world not truly hospitable and well-designed for those with disabilities (ibid.:9).

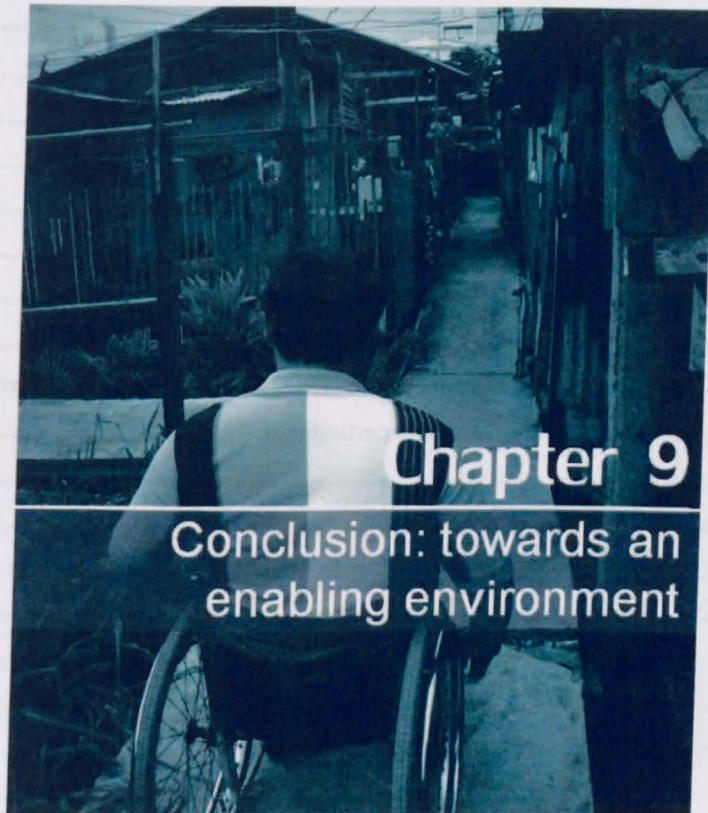
In this respect, it is important to study disabled bodies in the built environment through the lived experience perspective. The socio-spatial experiences of disabled people can be an interpretation in themselves and of the environment surrounding them. The lives of disabled people have been observed and written about, as well as regulated, by the aspired-to normative society. Their lived experiences are often devalued, and so as Overboe (1999:18) contends:

[The lived experience of disabled people is] reduced to a classification which demands that the able-bodied take some sort of action that implicitly or explicitly controls our lives.

⁶⁷ Skype is a software application that allows users to make voice and video calls over the Internet.

We have seen the feelings, opinions, thoughts and reactions of disabled individuals with regard to the society that surrounds the self. A pivotal finding reveals that the built-environmental needs of disabled people have nothing to do with a mere speciality or difference of design or construction. In fact, the physical creations – which are constructed through the social process as a range of attitudinal barriers – restrict people with impaired bodies from having flourishing lives. Validating the lived experience of disabled people asserts the existence of their needs and experiences in the built environment through their own words. Furthermore, in research on disability and the experience in the built environment, Siebers (2008:121) contends that using experience as evidence can be a way to define the dominant theoretical position that focuses on the *“‘difference’ and ‘identities’ of [those] whose experience is being documented, and reproduces rather than contests given ideological systems’*. Likewise, for Corker (1999), the lived experience of disabled people has often been simplified, in particular when failing to differentiate a relationship between disability and impairment. Therefore, there is need to understand the built environments of disabled people by emphasis on different forms of acquiring capital and on disabled people’s social agency, as well as on attitudes and discriminatory production processes.

Finally, the information supplied by a wheelchair user will offer valuable insights into the experiences of people with other forms of impairment within public built environments where the individual can share broader social life experience within their society. The theory of human agency or action requires an account of the body, an awareness that *‘acting people are acting bodies’* (Edwards and Imrie, 2003:242). This chapter presented the role of the body as agent interrelated and influenced by the surrounding social and physical environment. For Hughes and Paterson (1997:338), understanding disabled individuals’ requirements is an essential approach because it constitutes a sense of diversity within difference and provides encouragement to the disability movement.



Chapter 9

Conclusion: towards an enabling environment

'Where, after all, do universal human rights begin? In small places, close to home so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood he lives in; the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.'

Eleanor Anna Roosevelt (1884 – 1962)

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9 | Conclusion: towards an enabling environment

Introduction

The interrelated concerns which have been discussed in the study include **the theoretical** – offering a way to including cultural elements in the social construction of disability concept and the resistance approach into the study about accessible built environment in Thai context; **the contextual** – the religious interpretation as well as local political culture play important part in the process of creation disabling barriers; and **the practical** – the transformation of access issue by and for disabled people and their role as active agent in achieving accessible environment. All of these have been analysed to invite rethinking about spatial accessibility for disabled people in the Thai context. This final chapter reaches conclusions, reflects on the learning experience, discusses how the knowledge can be applied, and suggests possible agendas for future research. It seeks to provide linkages of all the research approaches, objectives, and findings. The chapter is divided into five main sections: contribution to knowledge; reflections on the research findings; the research approach and the position of disabled people; some ideas for key agents; and concluding thoughts.

9.1 Key contributions by learning from disabled people

The central aims of the study have been to explore how the understanding of disability influences and shapes the built environment and how disabled people negotiate and change their social and physical impediments. Regarding the previous debate on the social model of disability which views the problem of disability is not the disabled person, but the failure embedded in social structure, physical environment, policy and

service for disabled people (objective knowledge). To a certain extent such a perspective tends to ignore the experience of impairment conditions (subjective knowledge). This research, through participation with people with a range of impairments, invites rethinking the social model by adding the cultural elements as well as the individual impairment conditions in exploring physical spaces into the Thai context. The study draws out the local cultural variations such as contributing virtue or good deed to the King as way to making merit (Chapter 7). By so doing it can give rise to an achievement of accessible facilities development for disabled people. Further, an in-depth exploration of spatial experience of one wheelchair user, through the lived experience approach (Chapter 8), reinforces the idea derived from others' researches that although people who are defined in a similar type of disability, their knowledge and meanings about the places as well as their spatial requirements are not necessarily the same. By adopting the resistance approach in exploring the way disabled people negotiate their social and physical barriers, it helps to see mobility in public space of impaired bodies beyond their ways to overcome physical barriers. Many parts, it is a way to contest the predominant idea of 'disability' that connects to 'unable', 'passive' and 'personal problem'. The following sub-sections discuss these concepts which have been developed within the Thai context.

9.1.1 Culture and the construction of disabling environments

As mentioned earlier, the first contribution to knowledge has been to extend the social model of disability. The study identifies the socio-cultural elements can influence and shape the creation process of built environment. The meanings and value toward disability are also produced and reproduced through the cultural system. In Thai society, we have seen perceptions of '*Pi-garn*' through the use of language, legal definitions of disabled persons, attitudes, and the core concern of this study: the creation of a built environment that segregates and excludes impaired bodies.

Terzi (2004:146) highlights the social model in accounts from a postmodernist perspective as holding that '*[...] no social phenomena, including impairment and disability, exist independently from the "discursive practice" that has created it*'. The production of the physical environment is part of the social process. There are various elements that shape the way society understands and treats its impaired-bodied people. Social, socio-

political, socio-economic and especially cultural elements play important roles in the ways that disability is perceived differently in different circumstances. Buildings, footpaths or transport are not created with neutral meanings. However, those spatial elements are underpinned by notions that colour how disability is associated with individuals, such as medical problems or problems related to misfortune and the solutions to these.

In Thailand, the Disability Rehabilitation Act 1991 and the Access Laws 1999 have come into force, but up to now the implications for disability of understanding the accessible physical environment have been largely unconsidered in the architecture and built environment disciplines. This thesis has suggested exploring the built environment for disabled people through the social constructionist perspective in Thai context. This suggests approaches to remedying inaccessibility that do not necessarily rely on features of the broader social structure, such as the legislative system, opportunities via economic development, and design techniques. Within the social constructionist approach, disabling processes occur every day at different scales such as through cultural representation e.g. language use of disability and media which refer to disabled people in the local context. Therefore, solutions for an enabling built environment require deeper understanding and critical interpretations of everyday practices. This is the background context in which the material environment is located.

9.1.2 Politicising access problems: individual and collective agents

Secondly, the study demonstrated impaired-bodied people's experiences by showing ways they negotiate and overcome their barriers. The study underlines the inclusive environment concept that can be applied to the Thai context. The 'Inclusive Design' and 'Universal Design' concept regard a design process based on the participatory approach which includes people with various physical and psychological distinctive needs as 'users' (such as Lawton, 2001; Keates et al., 2000). The key actors are architects, property developers, and policy decision makers. The 'users', therefore, tend to become the consumers or clients who gain benefits from those service and product providers.

This research has expanded these concepts by looking at the achievement of an accessible built environment through the resistance concept: an exploration of disabled

people's lived experience. This suggests that the spatial experiences of participants, to a certain extent, must have spaces for their voices in the research and design process. The knowledge then will be built upon first-hand spatial experiences. Furthermore, this approach identifies knowledge about how people with different capabilities are able to manage their physical environment by using a range of means in their daily lives. This strategy provides spatial knowledge that can complement specific contexts at the local level (such as culture and resource availabilities). To some degree, the people whose lives are analysed in the built environment discipline become co-producers rather than end-users. Recently, Imrie and Edwards (2007) brought a challenge in the field of built environment studies, emphasising the role of geography to develop spatial theory which transcends dualistic accounts such as social/individual, non-disabled people/disabled people, and oppressors/oppressed. They suggested opening a dialogue on the processes by which spaces are created which draws on *'Lefebvrian-inspired understanding of the production of space'* (ibid.:635). This focuses on the interrelation of places and embodiment, that is, the lived experiences of different bodies in a local context.

According to Dyck (2010:255) *'[u]ntil relatively recently, the body has received less attention than the environment'*. This thesis has sought to develop ways to approach knowledge about spatial experience through addressing the body in space. Earlier there have been comments about how the social model can overemphasise the role of the built environment and social structure as key barriers for disabled people. Dyck suggests bringing the (impaired) body back into everyday spaces. In this respect, studying access to the built environment through the resistance concept introduces an understanding of how different bodies assign meanings and negotiate with the places and spaces surrounding them. In addition, as disability has been and is still perceived in Thai society as an individual struggle, the lived experience approach can be applied successfully in this context. We can start by exploring how an individual body with difference knows the world and how people overcome their spatial struggles with their own means. Therefore, this knowledge from one individual can be connected to another and extended to wider society.

This account brings to mind a question raised by Gabel and Peters (2004:598): what does the resistance concept look like across different contexts? In Thailand, disabled people as a collective group have been able to justify their existence and achieve wide impacts

through disability movements that have included challenges to the state legislative system. Although this movement has created a great impact on public awareness and successfully lobbied powerful authorities, there is a question remaining about long-term effects. Disabled individuals have attempted to conduct their daily lives in public places. This is an effective tool in communicating with the public about their right to be integral members of society. The spaces and places which are built based on a value of 'ableism' without disabled people in mind are frequently in conflict with the uses made of them by disabled individuals in everyday life. This resistance to the disabling built environment in Thai society can at times be characterised by acts, behaviours, and practices in spaces by individuals with different capabilities. Ultimately, I support the later work of Peters *et al.* (2009:554) which points out that the key characteristic which could be employed to propel the disabled people's movement forward is the process of resistance by which '*individuals shift from short-term tactics to long-term strategies*'. This can be a pivotal initiative for other countries, where disability is associated with individualistic concerns.

9.2 Reflections on the research findings

The research findings reflect the three research objectives (Chapter 1.2). This discussion does not aim to summarise the previous chapters, but seeks to link together the research objectives, the findings and the author's learning experiences.

9.2.1 Socio-cultural construction of everyday disabling environments

This finding has been guided by the first objective: to explore how the understanding of 'Pi-garn' shapes the construction process of the (disabling) built environment. In Thailand, disability is still perceived as an individual problem. This perception regards persons with impairments as having something inherently wrong with them. The cultural system which is derived from religious interpretations about karmic misfortune as well as being embedded in the unequal power relationship between givers and recipients (e.g. action in merit making) perpetuates disabling and oppressive processes. In many cases, people believe that if disabled people improve themselves such as a number of opinions from respondents 'if they have been trained', '*their*' struggles will be

over (Chapter 5.2.1). Thus, the issue of inaccessibility tends to be disconnected from the responsibility of society at large. In Chapters 8, for instance, we have seen that the service desks were designed with only one height for average body size of customers. These features prevent wheelchair users from using it equally as others without impairment. Such gaps in accessible facilities occur as everyday spatial phenomena. For Tum, disabling barriers are experienced when going to work, shopping, meeting other friends and travelling back home. Although the evidence of one wheelchair user as well as the personal dimension represents a specific case, these oppressive spatial experiences are seen as common struggles faced by disabled people in Thailand.

Furthermore, the feeling of pity or '*Songsaan*' for disability effectively shapes understanding about spaces for disabled people (Chapter 4.4.2). Such a feeling creates a sense that disabled people have an inferior position and it leads to an unequal relationship between non-disabled and disabled people (Chapter 5.2.3). Disabled people become passive recipients of acts of charity. Likewise, the perception of disabled people in the medical model as patients with ill-health effectively confines users with impairment to certain places. A comment from one non-disabled participant revealed that pubs and clubs are seen as '*inappropriate*' venues for disabled groups. As a consequence, public bus routes for disabled users are only provided around hospitals, schools and other areas which are considered '*appropriate*' for them (Chapter 6.1.1). The issue of accessing the physical environment cannot simply concentrate only on the physical aspect. We have seen that it is a significant part of the socio-cultural system. In several cases, the socially constructed understanding of disability creates spatial constraints for disabled people, which have been explored under the following theme.

9.2.2 Cultural elements individualise and reinforce access problems

This finding has been guided by the study's second aim: to investigate the spatial constraints and needs of disabled people. As disability is a socio-spatial construct (Kitchin, 1998) and a social experience (Freund, 2001), the notion that underpins the design concept of place making and spatial arrangement will be a crucial element in the creation of disabling built environments. The standardised design concept is influenced by an '*ableist*' notion (Chapter 2.2) which creates a built environment that disables impaired-bodied individuals. Furthermore, the unequal power balance in the political

culture between the state and its citizens is reflected in the two-storey design of government offices. Buildings designed without any lifts frequently create impediments for mobility-impaired citizens (Chapter 4.5.1). This is evident from the spatial experiences reported by two wheelchair users, who find it difficult to enter a polling station and a seminar room, both situated on the upper floor (Chapter 6.3.2).

We have seen that the understanding of disability in Thailand perpetuates an association with individual problems. As a consequence, solutions continuously revolve around what Oliver (1996) calls '*personal tragedy*'. The value of investment in accessible facilities to help solve those personal troubles is questioned. Based on the judgement of the architect, the investment for disabled users in the building project is, therefore, decided according to a cost-benefit approach (Chapter 6.2.2). In the urban areas of Thailand, where access laws have now been brought into force, those potentially beneficial features are often misused. We have seen that a dropped kerb at the end of the footpath for wheelchair users is used as a motorbike ramp to ride on footpaths. Similarly, cars pass over the ramp to park on the footpath, almost hitting one wheelchair user (Chapter 6.3.1). These scenarios clearly show that accessibility in contemporary Thai society cannot merely rely on legalisation and implementation. Rather, it requires a change of social attitude toward disability and solutions which are compatible with the existing socio-cultural, political and economic context. Additionally, it is important to reconsider the role of disabled people as agents of change, which is a key finding under the following theme.

9.2.3 Achieving accessible environments: collective power and individual practices

The findings of this final theme have been derived in line with the resistance theory and lived experience approach. This approach aims to investigate the processes by which disabled people have agency to overcome and change their struggles. The resistance approach helps us to see another angle in the position of disabled people. Barron (2001:444) notes that there are various possible patterns of action for people to be both active agents and passive victims in different situations. Thus, we have seen two forms of acts of resistance. Firstly, disabled people seek to change a perception that disability is simply an individual problem. They and their organisations collectively shift their

strategy from being a protest about their own agendas (e.g. forcing the government authorities for fair material distribution) to becoming a public interest issue. By merging their access agenda with a social campaign driven by public interest, as evident from Chapter 7, they have grasped the opportunity from a footpath improvement campaign to pass the success of the project to the King. In the process of participation with non-disabled actors, disabled people took a role as partners. This strategy sought to transform the perception of disabled people from that of passive to active partners in the social movement.

The collective movement against state policy tends to be in the form of *ad hoc* networking and temporary campaigning. One major obstacle to disabled people assembling to occupy public space is the lack of public accessible facilities. Additionally, disabled groups disappeared from the public eye after their issues have been heard or their goal has been met. As a consequence, the public often believes that their voice has not been powerful enough and to a certain extent their agendas are understood as belonging to disabled people, rather than to society as a whole. Therefore, this form of movement still lacks public momentum in advancing their campaigns.

Secondly, as disabling processes are everyday spatial phenomena, opportunities to change these oppressive encounters take place on a day-to-day basis. Although spatial behaviour at this micro scale can be seen as having little impact on society at large, it occurs every day. At an individual level (Chapter 8), we have seen that one wheelchair user going out, using facilities, and interacting with other people in public places becomes a significant strategy for overcoming disabling barriers. Miss Tum often makes journeys on her own. She grasps opportunities when confronting barriers to articulate disabled people's needs. This provides more chances for the public to witness disabled people in everyday life. It challenges the predominant perception that disabled people are dependent. Her spatial experiences have shown us that when the public see more disabled people negotiating with spatial struggles, the understanding grows that disabling physical barriers, not their impairments, are the problem.

Thailand is in the middle of a period of globalisation and modernisation, and the traditional religious-based interpretation of disability is coming into conflict with the way disabled people seek to articulate a new way of thinking. Therefore, it is crucial to

consider the social structural elements surrounding the construction of space. The inaccessibility issue in the public realm should no longer be regarded as a question of personal inability. I would suggest politicising inaccessibility issues in daily spatial practice. The legislation on the creation of accessible facilities should continue to be enforced, alongside the activities of disabled people in their social and physical spaces. Actions for change should not only involve formal political platforms such as group movements for access legislation or lobbies for law enforcement. They should also include the increased presence of disabled individuals in the public realm and the growth of knowledge of disabled people's spatial requirements. This is what leads to social and physical barriers being removed. This phenomenon will occur through a cyclical process, as in the cycle of change presented in the following figure.

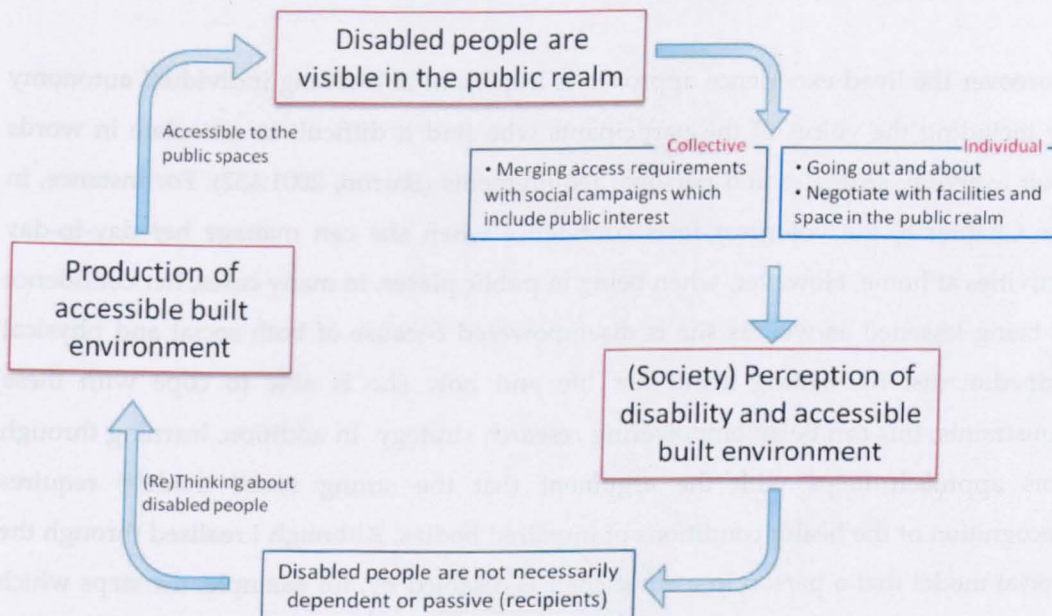


Figure 9.1 Cycle of negotiating and overcoming disabling environments

9.3 Research approach and position of disabled participants

Studying spatial struggles through the first-hand experience of disabled participants is a helpful approach to transcending the representation of disabled people through negative imagery. The study facilitates an engagement with disabled participants through different stages of the research process. This aims to empower people with impairments

in two respects. Firstly, it offers a platform for disabled people's experiences to be voiced out in academic research through quotations from in-depth interviews and participant observation. In many cases, by providing transcription of disabled people's experiences, it reveals that their struggles are not only resulting in physical difficulties, but also expanding to oppressive experiences of human inequity. Secondly, the flexible research methods and tools which took a variety of different forms of ability of research participants into account help to generate disabled people's knowledge which is often posited as less important in academic arena. For instance, the study offered interviews through hand writing when having a conversation with one participant with hard of hearing who has not been trained for a sign language, or provided Internet-based conversation when interviewing one person with visual impairment who preferred not to reveal one's identity.

Moreover the lived experience approach is important in building individual autonomy by including the voices of the participants who find it difficult to articulate in words their everyday struggles and personal requirements (Barron, 2001:432). For instance, in the Chapter 8, the volunteer feels confidence when she can manage her day-to-day activities at home. However, when being in public places, in many cases, her confidence is being lessened as well as she is disempowered because of both social and physical impediments. By writing about her life and how she is able to cope with these constraints, this can be an empowering research strategy. In addition, learning through this approach helps with the argument that the strong social model⁶⁸ requires recognition of the health conditions of impaired bodies. Although I realised through the social model that a person in a wheelchair is disabled by, for example, the steps which impede their access to a building, I also learned that there are more issues, such as the individual's personality and the *a priori* knowledge of the self with impairment. Through acknowledging the capacities of the disabled person, it becomes possible to view disability as the consequence of an interaction between (impaired) bodies and disabling physical environments. In this regard, this approach can be a way to eliminate prejudice in research into the built environment, where impaired people are disabled by a mere bodily dysfunction.

⁶⁸ This claim comes from disability studies scholars such as Shakespeare and Watson (2002) and Hughes and Paterson (1997). They comment on the strong social model that tends to overemphasise the cause of disability as being embedded in social and political structures and simultaneously pays little attention to the conditions of bodily impairment.

Recently, Chouinard *et al.* (2010:2) commented on approaches which emphasise individual difficulties as a consequence of impairment faced in the built environment that *'failed to address the inherently "disabling" nature of the socio-spatial environment'*. Gathering personal experiences in research projects and advocacy should be done *"with" rather than "for" disabled people'*. Furthermore, they suggest *'critical'* research on disability and the built environment that centres on the significance of the social and cultural environment in shaping disabled people's lives.

A key issue we have learnt about through this approach is how disabled people can be agents of change through spatial experiences. This research seeks to challenge the research approach taken in the built environmental disciplines. The research *'about'* access for disabled people, which represents an image of struggle and inability to do things as a result of inaccessible facilities, potentially reinforces the tragedy model of disability or the ableist notion that they are disabled. In contrast, a research methodology which shows impaired bodies which are able to cope with and overcome their socio-spatial struggles can shift disabled people from a passive to an active role in research.

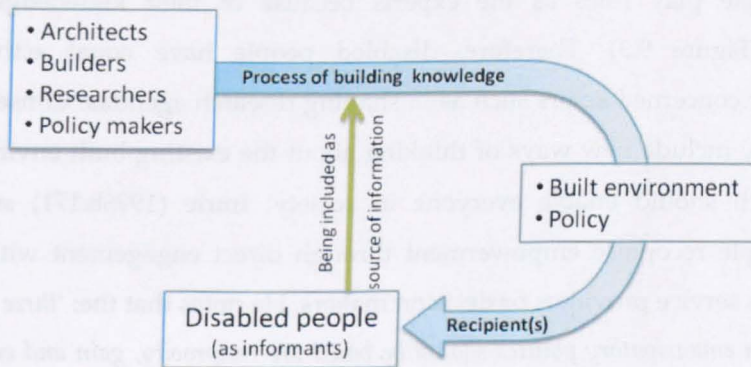


Figure 9.2 Disabled people in conventional research 'about' disability

Figure 9.2 explains the role of disabled people in research underpinned by an ableist outlook and/or using positivistic tools. This approach tends to regard disabled people as a *'source of information'* and the struggles that disabled people face are *'neutrally out there'* in the built environment. In this approach, the social and cultural elements have rarely been addressed as part of the context where the impaired body is located. Furthermore, the research agendas are often set by researchers or authorised actors. In this approach the lives of disabled people are analysed through a perspective that regards them as

subordinates (Imrie, 1996a:400). Thus, the outcome of the research has usually contributed little to improving their lives.

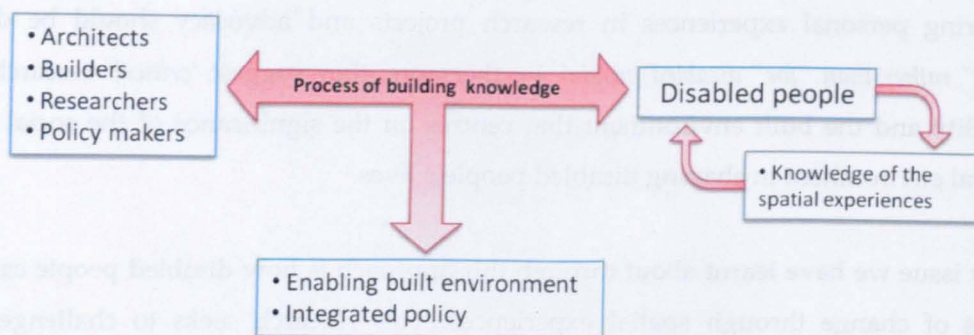


Figure 9.3 Disabled people in emancipatory disability research

Oliver (1992:103) suggests changing the social relationships of the researchers and the researched to 'offer the possibility of developing a social research enterprise which is relevant to, and significant in, the lives of those people who are the subjects of this enterprise'. By engaging with disabled people in the emancipatory disability approach, we have learnt that disabled people play roles as the experts because of their knowledge of spatial experiences (Figure 9.3). Therefore, disabled people have equal active roles as researchers or concerned actors such as in shaping research agendas. Consequently, the outcomes may include new ways of thinking about the existing built environment and policies which should enable everyone in society. Imrie (1996b:171) suggests that disabled people recognise empowerment through direct engagement with concerned actors such as service providers or decision makers. He notes that the: 'three fundamentals upon which an emancipatory politics should be based are reciprocity, gain and empowerment'. Disabled people should have the opportunity to influence.

9.4 Some ideas for key agents

9.4.1 Design academics and professionals

There has been an increase in academic research on the lives of disabled people. However, even when their lives are the focal point of analysis, Laws (1994:9) points out that their knowledge has been denied 'outside the mainstream academic discourse as agents

or authors of knowledge'. Recognising the knowledge of disabled people in the academic arena is empowering to disabled people. In the process of oppression, disabled people are often marginalised by their knowledge being ignored. Yet, as suggested, they produce knowledge that can change the dominant social structures that oppress them. Thus the built environment discipline should integrate the spatial experiences of disabled people into its research agenda. Design studies could go further than focusing on the ergonomic or technical aspects, and should add consideration of the social aspect in the curriculum, course syllabus and pedagogical approach. Design students would then be able to understand the conditions surrounding problems of inaccessibility for disabled people.

When we understand that the disabling built environment is embedded in the social process and disablement is its outcome, the study of architecture, planning or built environment related disciplines should not necessarily be divided up into 'accessible/inaccessible built environment'. The subject should be the 'built environment' or 'architectural design'. Likewise, the design curriculum and pedagogy in architecture schools may not necessarily address 'accessibility' as a specific or special course. Rather, there should be a course of 'architectural studies' that considers the whole range of people, regardless of their different bodies, ages, capabilities and other forms of identity.

It is also important to highlight that listening to disabled people's voices speaking of their struggles and experiences provides deeper spatial knowledge. For instance, the spatial experience of a blind person have indicated how, while sighted people gain benefits from the portion of their taxes that pays for street lighting after dark, uneven, unrepaired pavements continue to blight the transit of the totally blind office worker who does not need those lights. This way of understanding the difficulties of different users should be included in all processes of design study and practice. Gleeson (1999) urges academics to engage seriously with the knowledge of marginalised social groups in a more practical way to broaden the boundary of intellectual knowledge. He quotes Chouinard:

[t]his means putting ourselves 'on the line' as academics who will not go along with the latest 'fashion' simply because it sells, and who take very seriously the notion that 'knowledge is power'. [...] This is not taking the 'moral high

ground' but simply saying that if you want to help in struggles against oppression you have to 'connect' with the trenches (1999:203).

9.4.2 Implications for access law and policy intervention

In contemporary Thai society, the social process constructs a perception of disability in terms of individual struggles and solutions. Therefore, policy orientation tends to provide resources only for an individual who falls within the 'disability' criteria. However, we have seen that when disabled people come out and use public spaces every day, there is evidence that the physical barriers are eventually removed. Therefore access policy should reconsider welfare to support funds for travelling or encourage more public activities in which disabled people can participate. Likewise, disability policy should not only provide individually assistive equipment, but also a resource that supports and encourages more activities in public places, alongside the creation of accessible facilities. This has the potential to change the attitude of the public and they would then support more investment for their disabled peers.

Furthermore, policy interventions should consider accessibility as a basic human right. Accessible facilities should not necessarily be provided only in particular kinds of places or depending on the size of buildings. There should be a consideration of those facilities relevant to all required activities in everyday life which disabled people are able to use by their own choice. For instance, this study presented a wheelchair user who requires at least two different sizes of wheelchair to use in different situations. Moreover, policies that affect the lives of disabled people must be explained and provided in such a way that users can be involved in dialogue about it. Failure to do so will be what Barron (2001:446) notes as *'one effective means of reinforcing the silencing of those within the disabled population who have few means of making their voices heard'*.

We have seen that disability policy in Thailand has been based on a welfare and charitable approach where implementation relies on recommendation and voluntary acts. Nevertheless, Thai disabled groups have sought to take part in the policy decision making process. A recent success in this regard was evident in the new Disability Act 2007 (Thailand Government Gazette, 2007) where disabled representatives formed part of the law committee. However, the question remains of how disabled people generally can be involved in creating and commenting on the laws which affect their lives. Imrie

(1996b) suggest opening an opportunity for disabled people to have more influence. He draws on Healey in a challenge to move from *“‘hierarchical, techno-bureaucratic practice’ to one with greater levels of local choices and decision making’* (ibid.:166).

9.4.3 Disabled people and organisations

It is hoped that the messages in this thesis will reach disability activists. The movement for disabled people could consider agendas of relevance to the interests of wider society. While disability in Thailand still revolves around normalisation and individualisation foci, the idea that disability is a normal condition that everyone will encounter can strengthen disability campaigns. This has parallels with the campaign to promote a smoking ban in Thailand which successfully achieved its goal (Sthapitanonda, 2008). Non-government organisations merged this with the health issues for the society as a whole, in particular with the effects on passive smokers, rather than confining their campaign to a narrower emphasis on prevention of smoking. In this sense, a movement for accessible facilities can go beyond bringing benefits to a specific group. Furthermore, in a society where there is lack of compelling force to drive the movement for social change, Burkhalter and Castells (2009:43) propose raising awareness of urban problems through such means as by invoking internationalised issues, that highlight the need for people to have greater care for one other. Additionally, Lee (2002:144) suggests three key elements to consider to achieve the goal of a movement. First, a self-help organisation could resist the bureaucratised system entering everyday life. Second, the aim of the movement should include internationalist empowerment, such as consciousness-raising and a focus on quality of life. Third, the movement should be viewed as complex and flexible so that it can be adapted in form and content to input into the wider political system. In Bangkok, for instance, a campaign for improving footpaths for those who prefer to walk can be an issue which creates a quality pavement for all pedestrians.

9.5 Concluding thoughts: towards an enabling environment

The access movement in Thailand is in an interesting transitional period. It might not be possible to draw a succinct conclusion about something that is in such a state of transformation. Nevertheless, there are two issues which need to be discussed in

bringing my journey in this study to a close: areas for future research and some issues beyond disabling and enabling environments.

9.5.1 Areas for future research

There is a reciprocal relationship of spatial experiences at micro and macro scales. Spatial management and the self confidence of disabled individuals have an interrelationship. There is the concept of acquiring social capital from spatial arrangements. At the small scale, a user-friendly configuration in private spaces leads to internalisation of the dweller's capacity to cope with wider public spaces. Recently, Imrie (2010) notes that if disabled people are able to cope with barriers in domestic spaces, it shows that they are not passive. Likewise at the broader urban scale, the configuration of buildings and way the neighbourhood is planned affect social capital and physical and mental health. For Leyden (2003:1546), by defining social capital as having '*social networks and interactions that inspire trust and reciprocity among citizens*', it is clear that the creation of '*walkable*' neighbourhoods will generate better social capital than car-oriented settings. When people are able to walk from place to place in daily life, they know more neighbours and have more social engagement with others. Moreover, this aspect is of even greater importance for people who face health deterioration or illness. Planning and designing urban space that discourages walking and other physical activities significantly affects people's health such as the risk of obesity (Townshend and Lake, 2009). For future research, I would investigate more about the interrelationship between private and public spaces: how those spaces interrelate with the perception of the (bodily) self which affects the ways disabled individuals acquire their capital.

In addition, the built environment is perceived as one of the key elements that provide the opportunity for disabled people to flourish as much as they would like. According to Burchardt (2004:738), the capabilities framework proposes to replace utility with capabilities as the object of value. Capabilities are opportunities to achieve particular states of being or undertake particular activities. An important research strategy in the capabilities approach is that the researcher needs to listen carefully to research participants as agents (Gilroy, 2006). Based on Martha Nussbaum's capabilities approach, Baylies (2002:733) points out that amongst the objectives of the good human

life (e.g. being able to move from place to place), the capabilities that individuals are able to achieve have systematic differences in different societies.

9.5.2 Beyond disabling and enabling environments

Disabled people can be understood as one disadvantaged social group alongside others who are oppressed by the dominant cultural outlook, such as low-income people, people who are gay/lesbian, and ethnic minorities. Imrie (2001:233) extends the dichotomy which defines people as able/disabled or normal/abnormal and underpins broader societal attitudes and responses. Sibley (2001:241) also describes a thinking system divided into binary opposition as a means of oppression. Frequently, the urban landscapes that are built drawing on '*ableist*' notions impede and keep away people who fall into the opposite counterpart: disabled people in particular. They are oppressed through the approach used for the production of the city. We must reconsider this process as problematic for social justice.

There is a requirement to have a '*politics of difference*' for an '*unoppressive city*' (Sibley, 2001:247) which is open to everyone. This is a significant move in which people with differences are able to emphasise their specificities and their ways of being (Imrie, 1996b:175). Sibley (2001:241) denotes a '*liminal space*' as being a space of which we are on the threshold, ready to move across the limits. This provides an alternative to the dominant dualistic oppositions. To transcend the boundary of the two segregated meanings, Sibley suggests connecting the experiences of bodies to national politics by understanding the city at a fine-grained level through everyday lived experience. Ideally, we are inviting '*life-world*' knowledge about how people from oppressed groups know the world through their own meanings. In this sense, Laws (1994:29) urges that we need to recognise the potential power of the oppressed themselves and ask for the privilege of listening to their needs. The most important point is that the process which generates knowledge does not necessarily come from the existing dominant structure such as policy decision makers or the state authorities via the existing law system, nor from architects, planners and builders who are categorised as experts. This force emerges at all levels: as Gleeson proposes, it is a '*sub-politic*' forces which is '*boiling up from below*'.

[A] potentially important agent of modernisation whose political quest, in concert with other progressive struggles, might help to dethrone the unreasoning forms of power that have crafted unfair cities (2001:263).

There was a presage of the opportunity for this form of politics when the Independent Living Centre was established in Thailand in 2004. This organisation aims to empower people with impairments, campaigning about attitudes and value given to disabled people within local communities, adapting the built environment to accommodate disabled dwellers, and supporting disabled people in accessing state resources at community level (IL Thailand, 2009). The strength of this organisation is that the disabled person's family members are encouraged to participate within its strategy. Furthermore, this is a home-based disability organisation. Therefore, disabled people, the majority of whom live in the rural provinces, have the opportunity to access its support.

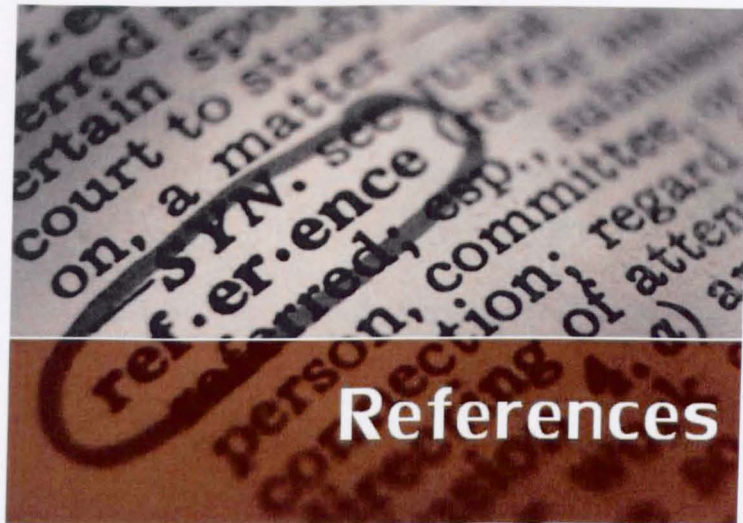
The personal passion of this research builds on my earlier Master degree thesis in 2000. I have experience of the serious requirement to include disability as a human right in the built environment discipline in Thailand. Human rights have been threatened as a consequence of the dichotomy created by a segregating outlook. For instance Sibley (2001) notes the city is dominated by the idea of creating 'purity' for an idealised urban life. Hence, the bodies which deviate from the 'norm' of society are often considered as 'impure' or 'other'. These groups of people are often viewed as contaminating the city. I have seen beggars who have lost their sight or who expose a missing limb. Sometimes they are very old and accompanied by a little child through the streets in Bangkok. They are often removed from public view by local state officials, on occasions such as when the city is hosting an important international event. This shows that the authorities are aware of their existence, but there is need for better governance and a 'just city' for those people so that they do not need to be back there begging again. As Lefebvre et al. (1996:158) note, the city should not only be appreciated as providing a 'simple visiting right', but it should facilitate an opportunity to have a 'right to the urban life'. Hence, all people regardless of their differences should be able to lead a flourishing life within their society.

Though many Thai disabled people and their organisations talk more often about human rights in promoting access to public facilities, the challenge is how to implant this

idea with the authorised actors and the public, as outlined by Topong (OSPM, 2004:342), the most influential access activist:

[i]n Thailand, we are not ready to acknowledge that disability is a Human Rights issue. Most people are still looking at disability through a charitable or sympathy mindset. The rights of disabled people are not only a struggle about having a law or not, but they are about how the laws have been misinterpreted. While our organisations cry out for basic rights, the public thinks that we ask for 'special rights' or 'privileges'. There has long been an ambiguous implication over facilities that should be provided to meet basic needs. For instance, to access a building, a wheelchair user needs a slope, ramp, and/or lift. If the person making the decision realised that there are various means for entering the building, not only stairs, then the rights of disabled persons will be ensured by accessible features. Therefore, such facilities should not be considered either 'special-needs features' or extra facilities because they are actually the only means we can access the building [emphasis added].

Disabled people in Thailand are struggling to make urban spaces respond to their spatial needs. I agree with Laws (1994:29) that the oppressed groups are not only fighting for their own cause, they are also attacking the power relationship which exploits and removes power from groups such as older people, children, and other marginalised categories. Thailand may need some time to achieve a fully enabling environment for everyone. A traditional religious belief system is being challenged by modern scientific knowledge. The public spaces as well as mass media are increasingly occupied by people with differences. The voices of disabled people themselves are an extremely significant tool. These challenges continue.



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Appendix A

A.1 Profiles of disabled participants

Names/Pseudonym	Interview date	Age	Profile
Anant	25 July 2007	45	Wheelchair user, Radio Host in provincial rural
Dham	7 August 2007	42	Blind person, Teacher
Eard	22 August 2007	28	Wheelchair user, Activist, Member of Independent Living Centre
Jieb	4 August 2007	25	Wheelchair user, active member of DPI
Kittichai	11 November 2008	44	Wheelchair user
Krisana	7 August 2007	39	Wheelchair user, TV Host
Mhoo	17 December 2008	45	Wheelchair user, State Official
Monthian	10 September 2007	45-50	Blind, Activist, Disability Law Committee
Ngampan	29 August 2007	45	Wheelchair user, Sister of an MP
Nhong	14 December 2008	36	Blind, Activist
Noi	4 August 2007	38	Wheelchair user, Active Member of DPI
Paradon	26 August 2007	40-45	Wheelchair user, Colonel, Disability Leader in provincial rural area
Petch	1 August 2007	36	Wheelchair user, TV Host
Pomme	4 September 2007	29	Visually-impaired person
Prapas	22 August 2007	58	Deaf, Architect
Saowaluk	4 August 2007	44	Wheelchair user, new Leader of DPI-AP
Sawang	25 August 2007	31	Wheelchair user, former officer of APCD Access Activist
Supa	17 December 2008	40-45	Wheelchair user

Names/Pseudonym	Interview date	Age	Profile
Suporntham	30 August 2007	42	Wheelchair user, Access Activist, Leader of 'Manud-lor' Group, Teacher of a school for disabled students
Teerawat	27 September 2008	44	Wheelchair user, Leader of Independent Living in provincial rural area
Topong	18 September 2006	47	Wheelchair user, former Leader of DPI-AP
Tum	July - August 2007	28	Wheelchair user, Active Member of DPI-AP
Viriya	28 August 2007	57	Blind, Activist, Disability Law Committee, University Lecturer
Group Interview I: Noi, Sawang, Wit, Eh, Jieb, Ying, Tum and Sao	4 August 2007	23-44	Staff of the DPI-AP

A.2 Profiles of non-disabled participants

Names/Pseudonym	Interview date	Age	Profile
Atipu	27 August 2007	34	Project Architect
Banpot	26 August 2007	49	Factory Owner
Benja	3 August 2007	55-60	State Official in the Ministry of Education, Disability Law Committee
Chakkrit	5 August 2007	46	Father of learning difficulty child
Chard	31 July 2007	39	Lecturer in Architecture School
Chat	30 July 2007	62	Lecturer in Architecture School
Chokechai	29 July 2007	35	Designer
Danu	8 September 2007	33	Architect, State Official in Public Work Unit of BMA
Jack	18 December 2009	38	Producer of TV programme
Jon	8 October 2008	55-60	Social Activist, a Senator of Bangkok
Jumnian	3 July 2007	66	Wife of physically-impaired person
Kanin	24 August 2007	33	PhD Student in USA, University Lecturer
Kawin	26 August 2007	18	University Student
Father Sawang	11 September 2007	60-65	Buddhist monk in provincial rural area

Names/Pseudonym	Interview date	Age	Profile
Neung	22 June 2007	37	Teacher of a school for disabled students in provincial rural area
Nopadon	10 September 2007	50-55	University Lecturer in a school of Architecture
Parichart	22 July 2007	63	Property Owner
Pattaya	31 August 2007	65-70	University Lecturer
Pek	3 August 2007	29	Office Worker
Phecharat	20 August 2007	52	Blind, Entrepreneur
Poom	21 August 2007	41	Wife of Santi, University Lecturer
Puangkeaw	30 August 2007	61	Secretary of TDDF, Disability Law Committee
Puangpetch	29 July 2007	46	University Lecturer in a school of Architecture
Rattapol	25 August 2007	38	Office Worker
Santi	2 August 2007	41	Project Initiator in a campaign
Sirichai	8 September 2007	30	Architect in the Public Work Unit of the BMA
Taxi drivers	July-September 2007	N/A	(Chatting while I was using the service)
Thanit	23 August 2007	35-40	Office Worker
Thawatchai	24 August 2007	43	University Lecturer in a school of Architecture
Watchara	27 June 2007	45-50	Medical Professional, a representative of THPF
Wirayut	1 August 2007	34	University Lecturer in a school of Architecture
Yord-ying	23 November 2008	55-60	Head of a provincial municipality office
Group Interview II: Aey and Noinah	21 August 2007	35, 29	University Lecture of a school of Architecture
Group Interview III: Pleunpot and Adjana	29 August 2007	45, 30	Journalists

Appendix B

B.1 A transcript of interview

Profile	Disability activist, staff of Independent Living Centre	Code	TH 18
Worldview	Disagreed with existing education system/ belief in having a good structure, human rights disabled people should consider other issue for example woman minority HIV. It is important to consider diversity of approach in disability movement. She respects every sector in social movements for example rehabilitation, institutionalization medical and social model that should consider what and where the society are at the moment	Interview Date	22 Aug 07
Keywords	Human rights/ having our own identity but work with unity		

Participant: Eard

Place: Nonthaburi

Idea/ theme/ keywords	Conversations
Disability Issue -Attitude/ Understandings/ Perception	<p>Antika: What do you think general people think about disabled people?</p> <p>Eard: <i>Our society quite sensitizes about story e.g. tragedy of being disabled. The disabled person if not be oppressed by other, they might get over optimistic reaction e.g. there is a case of cookies which made by autistic baker, when non-disabled just realize these are made by the disabled person, they thought it is more than delicious as usual cookies. I think it is too much for us.</i></p> <p><i>Belief in karmic misfortune about disability; I think it is the way people create their power upon the others. It patronizes the receiver. When people fear of being disabled, they want to do something good for the disabled receiver that is they don't want to face like the disabled do. At the same time the giver is already have power to decide what to give upon the receiver (disabled people).</i></p> <p>Antika: What are the ideas you can think about when you hear about 'Kon Pi-garn'?</p> <p>Eard: <i>Some disabled people prefer to be a receiver as they want to secure their accessible resources. But we need to trade off [between pity and independent or equality, are we really ready for that?</i></p> <p>Antika: I've seen many non-disabled people pay sympathy for disabled people?</p> <p><i>How we equally respect the one that we feel pity or sorry upon them? Therefore, I don't mind if I have to trade off between some opportunity I can have but exchange with my pride and self-esteem. I believe in equity of people with differences. I used to be the great before I am disabled, when I was a centre of interest of people around me. But when I am in my wheelchair, people still look at</i></p>

Idea/ theme/ keywords	Conversations
	<p><i>me, but in different way. This caused me to realize that everyone just needs the common basic thing, which is equity of humanity.</i></p> <p><i>The disabled people should NOT use their disadvantage as a tool to gain what they want. By this way it created more and more misunderstand and misconception of being disabled people.</i></p> <p>Antika: What do you think about when people connect disability with belief about karma?</p> <p><i>Some people told me I am disabled as it is my karmic fate. At the beginning I conscious with this, but it doesn't make sense to me much. It sounds like I got drunk and woke up in the morning and found someone said to me that last night I owed their money hundred thousand! How could I know if it is true? Can I not take this belief? No one can proof whether it (Karma) is true!</i></p> <p>Antika: As you've worked a lot with disabled people, how about our society's mindset of disability today?</p> <p>Eard: <i>Thai culture thought that power belongs to the one that has beauty, money or "knowledge". Whereas people like me are ugly, poor and don't have proper knowledge. Therefore, the disability issue always deals with power.</i></p> <p><i>The problem among disabled group underpinned by some thoughts that we are poor, pitiful. Some disabled leader or activist use this disadvantage point to request from the society. Although they realized that if we use this way we will create misconception about disability, they did it as they gain a lot benefits e.g. extra quota for lottery selling. This result in oppression of ourselves as well as people who want to change society's mindset.</i></p>
<p>Accessibility of the Built-environment</p> <p>Acknowledge, Attitude and Understandings toward this issue</p> <p>Access constraints and needs</p>	<p>Antika: Can you tell me about situation of access issue of disabled people?</p> <p>Eard: <i>There is no demanding toward accessible built-environment. If the disabled want to go out they have to think that where to go what to do. The disabled group, need to force if not the government don't understand why they asked for. Because there is a limitation of budget. The disabling need to go out to input Information about their needs for example long time ago when asking about disabled people general people think about the beggar, But the beggar doesn't need to move as much as the disable who sale lottery. And so the society court not understand why accessible environments are important to them.</i></p> <p><i>Access issue needed to consider the bigger structure. If the disabled people don't have any business to go, then the transportation system never been developed. Another issue is about the choice of transportation. People with different ability in travelling should have their choice to travel. Universal Design is a good concept that considers all abilities in one process and product. This should be counted in the way policy decision makers decide the budget. They should consider all dimension of citizen when they making policy.</i></p> <p>Antika: You've mention about Universal Design, and you may know it is developed in the west and they talk about accessibility as human rights. Do you think these two issues are relevant?</p> <p>Eard: <i>The way that disabled people have equal rights is that they can go everywhere as they need e.g. the state have to provide accessible school so that disabled child can be educated and they will know how to play game, then they enjoy skipping the class and go to the game shop as the shop is accessible for them. This is what I call equal rights.</i></p> <p>Antika: Can you tell me about your experience when going out and about?</p>

Idea/ theme/ keywords	Conversations
	<p>Eard: <i>I think we only need places that all people able to adapt a little to access but it should be easier for one who has disadvantage. I don't need perfect access for all people. Everyone can adapt their ability to access and have more choices.</i></p> <p><i>There is attitudinal barrier that the physical impairment could not go to school but actually going for study rather use eyes or brain than Feet. Whereas the blind can access greater education because the there has been and the national Organisations support emphasizing on education. The blind group started with creating the library not the factory or training centre for vocation as in the physical impaired groups</i></p> <p>Antika: What would you suggest?</p> <p>Eard: <i>Accessing transportation is based on just a temporary measure such as compensate for fees while Accessible buses needs more budget and time. But disabled people don't need compensation; we actually need access to whole STRUCTURE, e.g. jobs, education, and spaces.</i></p>
Critical actors about access issue	<p>Antika: Who should take a role in creating accessible facilities?</p> <p>Eard: <i>The state should act as supporter rather than the being patronage. The decision-makers like ministry, authority representative are in favour to make agreement with international organizations as they think this enhance their position when coming back. Disabled people and general public consider they concern very much toward disability issue. However, they hardly keep what they promise or signed. Many projects have never continued since it started. There also are no report or monitoring system, Thai people never claimed anything if the authority failed their promises.</i></p> <p>Antika: In some cases, disabled people try to report when they break their promise.</p> <p>Eard: <i>I know, but the government often changes, [during this research Thailand has three governments], most of policy will be took action in short period, they tend to invest their energy and budget on short-term projects. Thai government also often changes ministry, but they should have someone who expert and understand as their advisor I mean government officials.</i></p> <p>Antika: Seems we can't rely much on the role of the state officials what about the disabled groups?</p> <p>Eard: <i>Many disabled individuals don't want to work with the formal group because they don't want to be labelled as any kind of organisation. However, to build the network with non position is difficult; moreover the way to sustain it's still difficult. I trust in the good structure rather than having natural leadership or personal relationship in working process.</i></p> <p>Antika: How would you suggest?</p> <p>Eard: <i>The disabled people need to have their spaces in the decision making process but to be careful that it is not just taking the part or to sit with them and listen to them (decision makers), but to have the decision together. Also this doesn't mean that it is perfectly success if we have disabled representative, it is very much depend on what they think. The disabled representative is not necessary to preserve the disabled people rights. They can think the same as non-disabled people if they can find benefit that meet their needs. In this case the representative cannot guarantee we can count on them, for instance, the woman doesn't necessary to protect women's rights such as Margaret Thatcher, who made several policies that lessen women rights. In another case which happens with Rehabilitation Act 2007, it stated that the severe disabled person needs to have a guardian, who able to make decision for the disabled person. I really disappoint with this. The content extremely contrasts with Independent Living Concept. International Organisation can be a good pressure when our authority signed in agreement with them.</i></p>

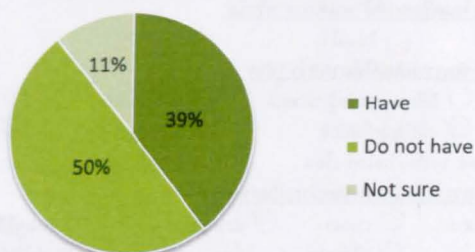
Idea/ theme/ keywords	Conversations
	<p>(About a campaign of footpath for disabled people on Rajdamri Road)</p> <p>Antika: How would you comment on this project?</p> <p><i>I quite not agree with Rajadamri Project in the way that citizens have to pay for this. It is kind of double pay for getting something public done. Why we have to pay again, particular, disabled people? Where that revenue, taxes have gone? Why don't they use the state's money? It is public responsibility, so it should use state's budget. I would agree if this project is temporary mechanism. This can be good model to show the state that the project like this is not too hard to get it done. The next project in the future, the actors should know where to get finance from. This project also shows that citizen cannot wait for your performance. But the positive thing about this project is that it creates leader and awareness of disable and access issue. If we have to pay for footpaths, why we have to pay for taxes?</i></p>
(Comment on Role of Media)	<p>Antika: Who do you think should take a role on attitude and understanding about disability?</p> <p>Eard: <i>For several time, the mainstream media mislead our image e.g. a news scoop presents on a popular TV channel 3 everyday, that we are totally disabled, poor, need help they will urge you to make donation. I'm afraid the audiences will gradually have wrong input about us.</i></p> <p><i>Disabled people or any organization who understand about disability issue should have their opportunity to input the society about disability. The problem I concern about the media that they are not independent.</i></p>
Drive in access movement	<p>Antika: Can you tell me about your work?</p> <p>Eard: <i>I'm working with preservation of disabled people's human rights. We don't have to ask for rights, we already had it! I'm just mainstreaming disabled group to realize we have it and how to use it. In my case, it happens when I have to compose a formal letter to find a place for my organization's event. The staff there ask me to write so called polite work as 'Anu-Kroah' [to help with pitiful] so I can gain help easier, then I decided not to write this word and find another place. Self-esteem and faithful to you is really important.</i></p> <p>Antika: How do you find your job while you are not working as formal organisation?</p> <p>Eard: <i>(advantage) Working as a group/org. you can ask for financial support from the state. Being individual activist, you can be neutral and able to stand on your own approach e.g. myself belief in human rights base and oppose pitiful.</i></p> <p><i>(disadvantage) Working as individual you have to set disability issue as not first priority because you have to earn for a living and it cost a lot for travel for disability movement. Some disabled persons cannot afford to go out for movement, although they realize it is important to do something. This doesn't mean that protest is the best way to change things.</i></p>
Disability and access issue in political aspect	<p>Antika: Can you share your experience in working with the government people?</p> <p>Eard: <i>The state or government tries to secure their power. Toward tax and revenue to provide facilities and services for all citizenship. It is actually the duty of the government who volunteer to handle this job to lessen the gap between the better and the poorer. The state has to build mechanisms that equalize their citizens. Dr.Prawase [a senior citizen] said that the state don't want to decentralizes, otherwise they will lost their power. The new military's version of Constitution tries to provide benefit for all aspect toward disability issue to make them is acceptable. But at the same they increase their power, this doesn't help</i></p>

Idea/ theme/ keywords	Conversations
	<p><i>much. It has a limitation of achievement.</i></p> <p>Antika: I've been told that the Junta Government included disabled people into the new draft of Constitution.</p> <p>Eard: <i>There is too much of the power of the state. Although the military government gave opportunity for disability e.g. Rehabilitation Act 2007, we never known when the tank will run on the road again. It is just the way they added disability issue they meet what disabled group requested. But it based on proportion rather than included us as mainstream issue in the new constitution they are writing. The power of military is important. They don't believe that people have their capacity to decide and force the former government. They coup and torn existing constitution. This new one put more power for the military. They only has one year in power, but they change many things, e.g. former government's policy. Although they give change about disability issue to be added in but they will go. I think it will be changed again.</i></p> <p>(Policy/Law implementation)</p> <p>Antika: what do you think it is the key struggle in working with the government sector?</p> <p>Eard: <i>As far as I know, Thai people don't have any problem with welfare state approach. But they cannot trust if their revenue will reach its goal. They don't mind if they have to pay more for building accessible either facilities or services for disabled people. The authority focuses on short-term projects which can be done within the period they are in the positions. Therefore many projects struggle with maintenance. We used to trace with the accessible buses project, we asked for the low buses, but the authority said that they concerned about flooding. [the lower buses which is accessible for wheelchair users is claimed that it is troublesome when Bangkok usually has flooding in the city]</i></p>
Change in Society	<p>Antika: How does this change impact on attitude and understanding toward disability issue</p> <p>Eard: <i>At the moment the trend is focusing understanding of disability, I noticed from the mainstream TV channel e.g. in soap opera, they lead actor act as disabled people. Social evolution is important. It has been a law based on medical model; we couldn't blame who work on that basis, because at that time there were a lot of inputs in that direction. In this period, more and more people talked about human rights or rights of disabled people, it will change. The problem about this is that how the key actors who work with old approach will allow new one to play its role. Furthermore, the challenge is how we make them understand about the social model. For me I respect all kind of institution either rehabilitation institution or charitable institution as many of them serve the basic needs in different stage of social evolution. The charitable institution, for instance, help homeless and disabled people, it is better than let them die on the street. But nowadays, there is less number of beggars, so there is increasing of demand of the vocational training centres. At present there is the first disabled organisation which works on rights based approach. DPI-AP focus on access to built-environment to ensure the rights of disabled people.</i></p> <p>Antika: How does this change impact on social movement, mechanism and structure?</p> <p>Eard: <i>disabled people did not have a chance to choose or absence of opportunity we need to consider the structure for instance we create the personal assistant system and or so does the stunt equipment so that disabled people able to go to more places. Then the society Getting more familiar with high potential disabled person. And what about For disabled person who is not actually so good.</i></p>

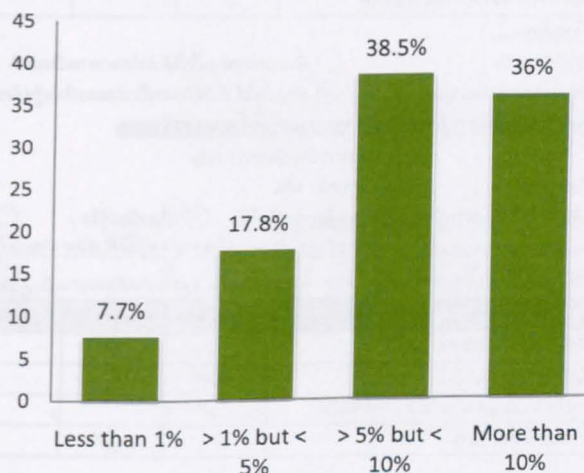
The following information from postal and online surveys has not been presented in the analysis chapters.

B.2 Information from postal survey (N=169)

Q: A2) Do you have any disabled person in the family or household?



Q: B1) How many disabled population in Thailand?



Q: B2) Have you heard about disabled people organisation?



B.3 A postal questionnaire

ข้าพเจ้า อธิกา สวัสดิ์ศรี กำลังวิจัยเรื่อง สิ่งอำนวยความสะดวกสาธารณะสำหรับทุกคน

ขอความกรุณาทุกท่าน โปรดให้ข้อมูลเกี่ยวกับเรื่องคนพิการ เพื่อที่ข้าพเจ้า และคณะผู้วิจัยสามารถศึกษาและจัดทำรายงานเกี่ยวกับเรื่องนี้ได้อย่างถูกต้องและเป็นประโยชน์ต่อไป เพื่อให้ข้อมูลมีประสิทธิภาพต่อการตัดสินใจอย่างน้อย 200 ชุดค่ะ

UNIVERSITY OF
NEWCASTLE UPON TYNE



A1) ในครอบครัวของท่านหรือ ในเครือข่ายที่มี "คนพิการ" หรือไม่

- ☐ มี ☒ ไม่มี ☐ ไม่แน่ใจ

A2) อาการเหล่านี้ ข้อใดคือว่า "พิการ" (เลือกได้มากกว่า 1 ข้อ)

- ☐ เดินไม่สะดวก ☐ มีปัญหาการรับรู้, อารมณ์ ☐ ฟังไม่สะดวก ☐ สายตาเลือนลาง
☒ เดินไม่ได้เลย ☒ สติปัญญาไม่ปกติ ☒ ไม่ได้ยินเลย ☒ มองไม่เห็นเลย
☐ เจ็บป่วยเรื้อรัง เช่น เอคส์, มะเร็ง, วัณโรค, เรื้อน ☐ อื่นๆ โปรดระบุ.....

A3) ท่านรู้สึกอย่างไรกับ คนพิการ โปรดตอบตามความเป็นจริงที่สุด

- ☐ เฉยๆ ☐ สงสาร ☐ เวทนา ☒ ต้องช่วยเหลือ ☐ ห่วงๆ ว่าจะดี
☐ เหมือนคนทั่วไป ☐ เป็นภาระ ☐ อื่นๆ.....

A4) ท่านคิดว่า คนเราพิการเพราะอะไร

	ใช่ที่สุด	น่าจะใช่	ไม่น่าใช่	ไม่ใช่เลย
เชื้อโรค ความผิดปกติทางกาย			<input checked="" type="checkbox"/>	
การแพทย์ที่ไม่ดี/ เข้าไม่ถึงการรักษาที่ดี		<input checked="" type="checkbox"/>		
ความยากจน ห่างไกลความเจริญ				<input checked="" type="checkbox"/>
เวรกรรม ของชาติที่แล้วหรือกรรมที่ทำไม่ดีไว้ในชาตินี้		<input checked="" type="checkbox"/>		
การกระทำของคนอื่นหรือจากคนตนเอง เช่น ประมาท	<input checked="" type="checkbox"/>			

A5) ท่านคิดว่า คนที่พิการแล้วจะ.....

- ☐ ไม่สามารถทำอะไรได้อีกแล้ว ☐ ยังสามารถทำอะไรได้ ถ้ารักษาหายเป็นปกติ
☐ ทำอะไรได้ ถ้ารับสภาพแวดล้อมรอบๆ ☒ ทำอะไรได้ ถ้าได้รับการฝึกฝนและเรียนรู้หลังจากพิการ

B1) ท่านคิดว่า ในประเทศไทยมีคนพิการ ที่เปอร์เซ็นต์ ของประชากรทั้งหมด 63 ล้านคน

- ☐ น้อยกว่า 1% ☐ มากกว่า 5%-น้อยกว่า 10%
☒ มากกว่า 1%-น้อยกว่า 5% ☐ มากกว่า 10%

B2) ท่านหรือคนที่ท่านรู้จัก เกี่ยวข้องหรือรู้จัก องค์การคนพิการ หรือไม่ ☒ เกี่ยวข้อง/รู้จัก ☐ ไม่เกี่ยวข้อง

ถ้ารู้จักหรือเกี่ยวข้อง ชื่อองค์กร/หน่วยงานกลุ่ม.....
ชื่อองค์กร/หน่วยงานกลุ่ม.....
ชื่อองค์กร/หน่วยงานกลุ่ม.....

B3) ปัญหาและอุปสรรคที่สำคัญของคนพิการคือ

	มากที่สุด	พอสมควร	น้อย	ไม่เลย
สภาพความพิการและจิตใจของคนพิการเอง		<input checked="" type="checkbox"/>		
ทัศนคติคนรอบๆข้างรังเกียจ ไม่เข้าใจ	<input checked="" type="checkbox"/>			
อาคารสถานที่ เช่น บ้าน โรงเรียน ที่ทำงานที่คนพิการใช้ไม่ได้	<input checked="" type="checkbox"/>			
กฎหมายคุ้มครอง และช่วยเหลือคนพิการ		<input checked="" type="checkbox"/>		

C1) ท่านคิดว่าในเมืองไทยมีกฎหมายเกี่ยวกับการจัดสภาพแวดล้อมให้คนพิการหรือไม่ เช่น กฎหมายให้มีทางลาดที่ขอบทางเท้า มีลิฟท์ในอาคารสาธารณะ ที่จอดรถมีสัญลักษณ์คนพิการ เช่น ที่โรงพยาบาล ห้างฯ ธนาคาร โรงแรม เป็นต้น

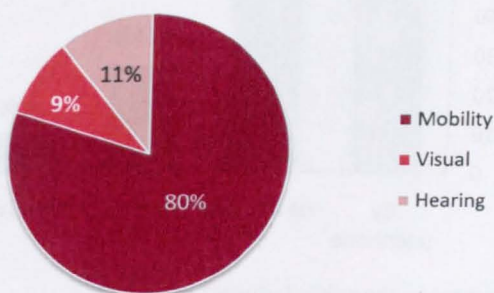
- ☐ คิดว่ามี เพราะ ☐ ทราบข่าว/มีคนบอก หรือ ☒ เคยเห็นตามสถานที่ต่างๆ
☐ คิดว่าไม่มี เพราะ ☐ ไม่ทราบข่าวเลย หรือ ☐ ไม่เคยเห็นที่ไหนเลย
☐ ไม่รู้เลย

C2) ใครมีบทบาทสำคัญที่สุดในการพัฒนาเรื่องคนพิการ

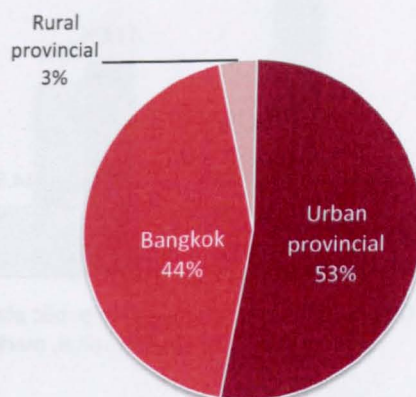
	มากที่สุด	พอสมควร	น้อย	ไม่เลย
กลุ่ม/ คนพิการเอง	<input checked="" type="checkbox"/>			
คนอื่นที่ไม่พิการ/ คนทั่วไป		<input checked="" type="checkbox"/>		
สื่อ เช่น โทรทัศน์ วิทยุ หนังสือพิมพ์ อินเทอร์เน็ต		<input checked="" type="checkbox"/>		
ผู้นำในชุมชน เช่น พระ/ ผู้ใหญ่บ้าน/ ครู	<input checked="" type="checkbox"/>			
คนของรัฐ เช่น นายกรัฐมนตรี/ รัฐมนตรี/ สส.(ผู้แทน)/ อบต.		<input checked="" type="checkbox"/>		

B.4 Information from online survey (Disabled respondents N=55)

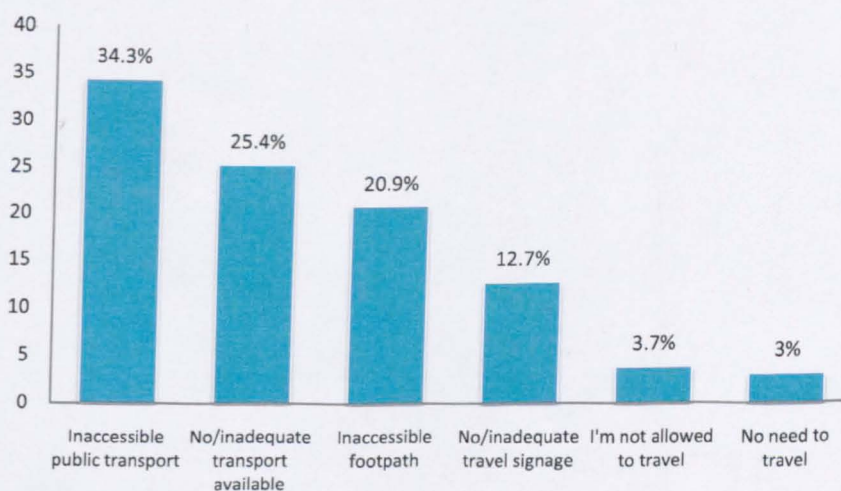
Q: 1) Do you consider yourself have any difficulties of impairments?



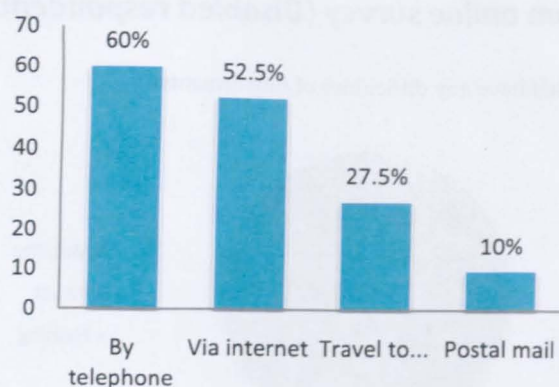
Q: 2) Where do you regularly live?



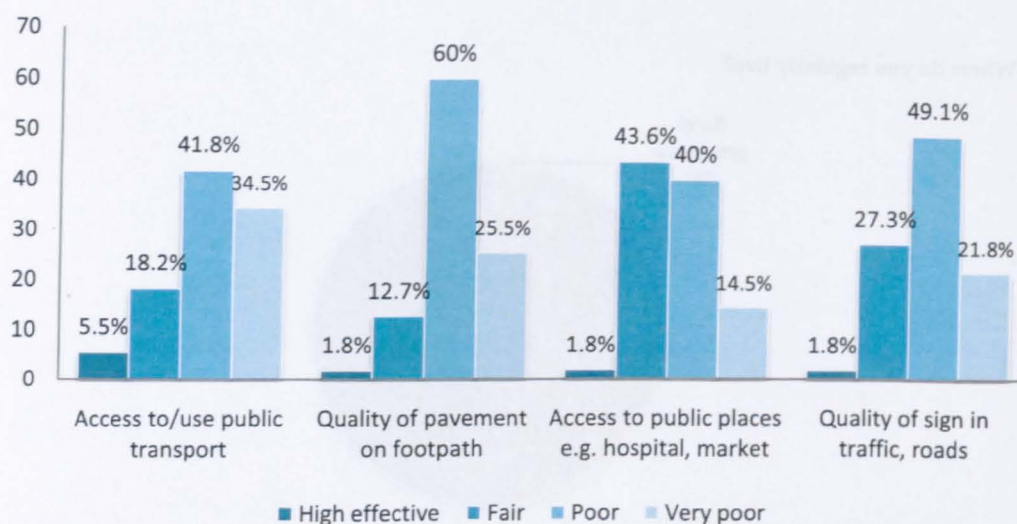
Q: 3) Please identify the obstacles when you travel (you may choose many that apply).



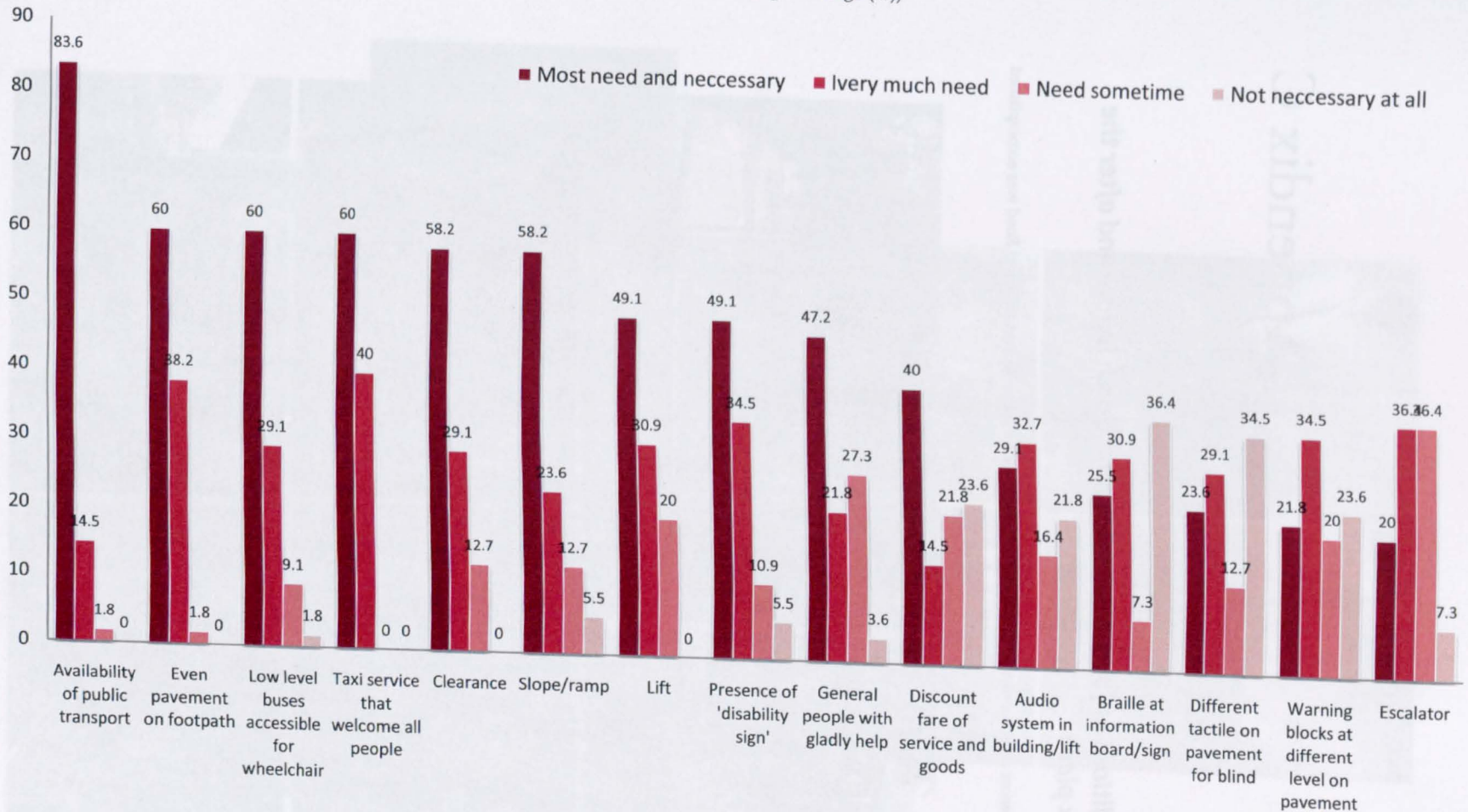
Q: 4) What are your means of communication with other people? (Please rank from 1 as the most often)



Q: 5) How would you comment on the public facilities?



Q: 6) Please identify how you need these features and facilities. (All numbers are presented in percentage (%))



Appendix C

C.1 The conditions of footpath on Rajdamri Road: before and after the project took place

The following evidences are some examples of (physical) changes after the project on Rajdamri Road was accomplished in November 2007.



